

BELLA VISTA ELEMENTARY SCHOOL KINDERGARTEN REGISTRATION 2020-21

Dear Parent/Guardian: It is time to register kindergarten students for the 2020-21 school year. Preregistration is required at this time of year so that we can better assess the faculty needs of our school. If you have a child that will be five years old on or before September 1, 2018, this child qualifies for next year's kindergarten program. If you know of a neighbor that qualifies for kindergarten, please share this information with them and have them call the office for further questions. 801-826-7825.

Please let us know if you are interested in the traditional ½ day class or the supplemental day class. There is no fee for the ½ day class. For the supplemental (all day) class there is a yearly tuition. If you want more information you can contact the school or the Instructional Supports District office. 801-826 -5045.

A birth certificate and complete immunization record are required before your child will be allowed to attend kindergarten (However, we encourage you may begin the registration process now). The following immunizations are required: 5 DPT (if 4th dose was given on or after 4th birthday, a 5th is not needed), 4 POLIO (if 3rd dose is given on/after the 4th birthday then the 4th dose is not needed), 2 MMR (1st one given after first birthday), 3 HEPATITIS B, 2 HEPATITIS A, and 2 VARICELLA (two are now required, first immunization must be given after first birthday or a history of chickenpox (varicella) is acceptable if the parent/guardian signs a verification statement with the health department.

****Please complete and return this form to the school office ASAP****

Student Name : _____

(as it appears on the birth certificate):

Birthdate _____ M or F _____ Other siblings at Bella Vista? Y/N

Address _____ Zip _____

Is this student: _____ Yes, Hispanic/Latino _____ No, not Hispanic/Latino

What is student's race: _____ American Indian or Alaskan Native, _____ Asian, _____ White _____, Black or African American, _____ Native Hawaiian or other Pacific Islander

What is the first language that the student learned to speak? _____

Language your student uses at home? _____

Language spoken most often in student's home? _____

Preferred language for home/school communication? _____

Mother's Name _____

Phone # _____ Email Address _____

Same Address as student? Y/N (If no, please fill in address information)

Address _____ Zip _____

Father's Name _____

Phone # _____ Email Address _____

Same Address as student? Y/N (If no, please fill in address information)

Address _____ Zip _____

- I am registering for ½ day kindergarten
- I am interested in supplemental (all day) kindergarten

For Office Use Only
Date Received: _____
Student ID: _____