

FORSYTH PUBLIC SCHOOLS KINDERGARTEN ENROLLMENT FORM

First Name _____ Middle Name _____ Last Name _____

Male/Female _____ Date of Birth _____ Place of Birth (City, State) _____

Please provide the following to the school:

Certified Birth Certificate _____

Immunizations _____

Is the individual Hispanic/Latino? Yes or No

Is the individual from one or more of these races?

(check all that apply)

____ American Indian or Alaska Native

____ Asian

____ Black or African American

____ Native Hawaiian or other Pacific Islander

____ White

Present Address: PO Box _____ Physical
Address _____

City _____ State _____ Zip Code _____

Parent/Guardian #1 _____

Address (if different from above) _____

Occupation _____ Employer _____

Home Phone # _____ Cell Phone # _____ Work Phone# _____

Email Address _____

Parent/Guardian #2 _____

Address (if different from above) _____

Occupation _____ Employer _____

Home Phone # _____ Cell Phone # _____ Work Phone# _____

Email Address _____

Emergency Contact _____ Relationship _____

Home Phone # _____ Cell Phone# _____

Emergency Contact _____ Relationship _____

Home Phone # _____ Cell Phone# _____

Parent/Guardian Signature _____ Date _____

Check the box if your child has any allergies/medical concerns. Please list them on the back of this page.

Disclosure of Information

Disclosure of immunization information by schools is covered by the Family Educational Rights and Privacy Act (FERPA). (45 CFR 164.501)

Permission Statement

Immunization information on _____
(Student's Name)
will be shared with the local public health department (*Rosebud County Public Health Department*) and/or entered into the electronic data system, *imMTrax*. This information will be shared with healthcare providers to help prevent both over- and under-immunization and to develop one consolidated vaccine record for the child. The intent of an electronic immunization registry is to provide a complete and permanent immunization record for your child.

I give my permission for my child's vaccine information:

_____ To be shared with the Rosebud County Public Health Department.

_____ To be entered into the statewide database, *imMTrax*.

(Student's Full Legal Name Please Print)

(Date of Birth)

(Parent/Guardian Name Printed)

(Signature of Parent/Guardian)

(Date)

(Mailing Address)

(Phone Number)