

Frazier School District
KINDERGARTEN CHECK-OFF LIST

STUDENT NAME: _____

1. _____ Birth Certificate
2. _____ Immunization Records
3. _____ Student Registration Form
4. _____ Sworn Admission Statement
5. _____ Proof of Residency (2 forms)
6. _____ Record Release Form
7. _____ Faxed/Emailed for Records (Date : _____)
8. _____ Home Language Survey
9. _____ IEP (Individualized Education Program) Does your Child have one? NO _____
YES _____ Notified Special Education Director Date: _____
10. _____ Kindergarten Registration Survey
11. _____ Census Form
12. _____ Permanent Record Card
13. _____ Posted to SKYWARD
14. _____ Photo / Digital Media Release Form
15. _____ Health Information Form
16. _____ Permission to Screen
17. _____ Custody Papers (if applicable) _____ YES _____ NO
18. _____ Per Diem Letter (Foster Child Only) _____ YES _____ NO
19. _____ Emergency Card
20. _____ Bus Assignment
21. _____ Permission to Administer Medication
21. _____ Lunch Application Initial _____