



Hamilton School District

Early Kindergarten Application

Student Information: Please complete the following using the information as it appears on the student's birth certificate.

Student Last (*Legal*): _____ First: _____ Middle: _____

Student Nickname: _____ Birthdate: ____ / ____ / ____ Gender: Male Female

Household Primary Phone Number: _____ Student Phone Number: _____

Ethnicity:
Hispanic/Latino

- Yes
 No

Primary Race:

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Pacific Islander
 White

Programs:

- Gifted
 504
 Special Education (IEP)

Primary Language: What is the primary language spoken in the home?

Previous School: _____

(school name/address/phone)

Parent/Guardian Information: (*Legal Parent/Guardian Only*)

First Parent/Guardian Name: _____ **Relationship to Student:** _____

Okay to Pick Up: Yes No **Legal Custody:** Yes No **Lives With:** Yes No **Receives Mailings:** Yes No

Physical Address: _____ P.O. or Mailing Address: _____

City: _____ State: _____ Zip: _____

Residence Phone: _____ Cell Phone: _____ Email: _____

Work Phone: _____ Employer: _____

Second Parent/Guardian Name: _____ **Relationship to Student:** _____

Okay to Pick Up: Yes No **Legal Custody:** Yes No **Lives With:** Yes No **Receives Mailings:** Yes No

Physical Address: _____ P.O. or Mailing Address: _____

City: _____ State: _____ Zip: _____

Residence Phone: _____ Cell Phone: _____ Email: _____

Work Phone: _____ Employer: _____

Emergency Contact Information:

Emergency Contact Name: _____ Relationship to Student: _____

Phone Number:(home, cell, work) _____ Okay to Pick Up: Yes No

Emergency Contact Name: _____ Relationship to Student: _____

Phone Number:(home, cell, work) _____ Okay to Pick Up: Yes No

I authorize previous school to release my child's academic records, test scores and participation in interventions to HSD3.

Parent/Guardian Signature: _____