



Grace Community School Kindergarten Registration _____ School Year



I CERTIFY THAT MY CHILD IS A FLORIDA RESIDENT

Yes ____ No ____

**MY CHILD IS FIVE YEARS OLD OR WILL TURN FIVE
BY SEPTEMBER 1**

Yes ____ No ____

CHILD'S INFORMATION (PLEASE PRINT NAME EXACTLY AS IT APPEARS ON BIRTH CERTIFICATE)

Child's Last Name:

Child's First Name:

Child's Middle Name:

Child's Social Security #:

Home Address:

County:

City:

State: FL

Zip:

Home Phone: ()

IF THE STUDENT IS TRANSFERRING FROM ANOTHER SCHOOL, PLEASE PROVIDE THE FOLLOWING

Previous School/Center Name:

Last Date in Attendance:

PARENT/GUARDIAN INFORMATION

Mother's Last Name:

Mother's First Name:

Home Address:

County:

City:

State: FL

Zip:

Home Phone: ()

Cell Phone: ()

Work Phone: ()

Email:

Father's Last Name:

Father's First Name:

Home Address:

County:

City:

State: FL

Zip:

Home Phone: ()

Cell Phone: ()

Work Phone: ()

Email:

I hereby affirm that I have met the requirements for registering my child for Kindergarten at Grace Community School. These requirements include payment of the \$40 registration fee (which will go towards my child's books), a birth certificate, a recent physical exam, and a current Florida Certification of Immunization.

Signature of Parent/Guardian:

Date: