



# Marion Cross School Registration

## Student Information

Student's Name: \_\_\_\_\_  
 Anticipated Starting Date: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Male/Female

Ethnicity (circle number): 1 - American Indian or Alaskan Native; 2 - Asian or Pacific Islander; 3 - Hispanic; 4 - Black (not of Hispanic Origin); 5 - White (not of Hispanic Origin); 0 - Other

## Parent Information

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Does the school need to have child custody information? YES/NO

## School Information

Name of last school attended: \_\_\_\_\_  
 Address of previous school: \_\_\_\_\_  
 Contact at previous school: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Is English your child's primary language? YES/NO  
 What other languages does your child speak? \_\_\_\_\_  
 Did your child receive any support services at the former school (ESL, tutoring, special education, 504, SLP, etc.) \_\_\_\_\_

Does your child have any interests or talents that you would like us to know about? \_\_\_\_\_

Your contact information will be shared with the PTO for the student directory.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(For Office Use) Record Release \_\_\_\_\_ Requested \_\_\_\_\_ Received \_\_\_\_\_



## Marion Cross School Records Release

Name of Student: \_\_\_\_\_

Please release all records regarding this student.

Please include health, special education, achievement test results, report cards, or any information pertinent to this child's educational career.

Fax or mail to the following address:

Dr. Linda Kelley, Principal

Marion Cross School

P.O. Box 900

22 Church Street

Norwich, VT 05055

Fax: 802/649-3640

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Marion Cross School Student Health Information

This form should be filled out by a parent or guardian. If you need extra room, please use the space at the end of the form. Feel free to attach additional sheets as needed. If you have any concern about your child's health or full participation in school activities, please contact the school nurse, Jan Hopkins, at **802.649-1703 ext. 206**.

Thank you for your assistance.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Student's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please attach a current copy of student's immunization record from the doctor's office. Immunization records are required by Vermont Law. If there is a moral, religious, or medical reason why the student has not been immunized, an exemption form must be submitted.**

Is the student currently being treated for any illness or condition? YES/NO

Describe illness or condition:

\_\_\_\_\_

Describe care and/or medication needed:

\_\_\_\_\_

Please list names and phone numbers of other health care providers involved with your child:

\_\_\_\_\_

### Medical History

1. Please describe anything unusual that occurred during pregnancy or at the birth of this child (i.e. bleeding, illness or problems during pregnancy, low birth weight, premature birth, distress at birth, extended hospital stay):

\_\_\_\_\_

2. Serious past illnesses:

\_\_\_\_\_

3. Hospitalizations or operations (give age and reason)

\_\_\_\_\_

4. Serious accident or injuries (fractures, trauma to the head, poison ingestion):

\_\_\_\_\_

5. Allergies and triggers:

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Asthma triggers:

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Asthma medications:

6. Frequent complaints of discomfort (headaches, stomachaches, etc.):

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What seems to help the discomfort?

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Has a cause been identified?

7. Has your child had ear infections YES/NO How often? \_\_\_\_\_

Has hearing ever been tested? YES/NO  
Have there been hearing difficulties? YES/NO  
Please describe:

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8. Has vision been tested? YES/NO Are there any vision or eye problems? YES/NO  
Please describe:

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Are glasses needed?

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9. Physical or motor difficulties:

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10. Is there anything else we should know about your child's health?

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## KINDERGARTEN QUESTIONNAIRE

This questionnaire is designed to help us get to know your child as you have seen him or her develop in the early years at home. This information, along with other observations, will help us plan the best start in school for your child. Please fill this out and bring it to registration.

Child's Name \_\_\_\_\_

Name you want on child's cubby and to be called in school \_\_\_\_\_

Parent's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Today's Date \_\_\_\_\_

Who lives in the home \_\_\_\_\_

### Child's School History

Has child attended school before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name of school \_\_\_\_\_

School's address \_\_\_\_\_

Dates of attendance: from (month/year) \_\_\_\_\_ to \_\_\_\_\_

Number of days per week: (check below)

\_\_\_\_\_ 2 days \_\_\_\_\_ 3 days \_\_\_\_\_ 4 days \_\_\_\_\_ 5 days

Early Intervention? \_\_\_\_\_

Has any family member or close relative had significant difficulty in school?

If yes, give: Name and Relationship                      Nature of Difficulty

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your child's attitude towards starting kindergarten? \_\_\_\_\_

Do you have concerns about your child's learning ability? \_\_\_\_\_

Behavior or attention concerns? \_\_\_\_\_

Does the child have special skills of which the teacher should be aware? Special interests? \_\_\_\_\_

Are there special problems (physical or emotional) of which the teacher should be aware? (allergies, susceptibilities, areas of easy frustration) \_\_\_\_\_  
\_\_\_\_\_

Does either parent have special skills in which the kindergarten might share (musical ability, guitar, foreign language, cooking, etc.)? \_\_\_\_\_  
\_\_\_\_\_

Is there something at your home the class could share on a trip (animals, plants, lake, maple sugaring, etc.)? \_\_\_\_\_

### BEHAVIORAL CHARACTERISTICS

Give a brief developmental history --

When did child first walk? \_\_\_\_\_

When did child first talk? \_\_\_\_\_

What were child's first words? \_\_\_\_\_

DESCRIBE YOUR CHILD: Please check the answer which best describes your child as he or she is right now. Except as indicated, only one choice should be checked. If you feel strongly that two answers are appropriate, check both and place a double check by the one which characterizes your child most of the time. Feel free to add comments.

#### 1. PLAY

A. How does your child play with other children?

- \_\_\_\_\_ Has a lot of friends
- \_\_\_\_\_ Prefers one or two others
- \_\_\_\_\_ Plays mainly with brothers and sisters
- \_\_\_\_\_ Prefers to play alone

B. What does your child like to play?

- \_\_\_\_\_ Prefers outdoor activities
- \_\_\_\_\_ Prefers indoor activities
- \_\_\_\_\_ Likes both equally

In outdoor activities:

- \_\_\_\_\_ Prefers running, swinging, etc., by self
- \_\_\_\_\_ Prefers playing with a group of children

In quiet activities:

- \_\_\_\_\_ Prefers to play alone
- \_\_\_\_\_ Likes quiet games if other children are involved

C. When your child plays:

- Needs someone present much of the time or gets into trouble
- Occupies self by finding and doing own activity
- Gets bored easily in any one activity
- Spends little time in any one activity
- Needs a lot of things to keep occupied

D. When playing with puzzles or construction toys:

- Enjoys 6-8 piece puzzles and building with blocks (houses, garages, roads), tinker toys, or similar construction toys
- Won't play with these toys unless you sit and help
- Doesn't like this kind of toy
- Easily bored with this kind of toy

E. In using a pencil:

- Can write name or part of it
- Enjoys pretending writing activities
- Draws recognizable pictures
- Mostly scribbles
- Isn't interested in writing or drawing
- Colors on wall

F. In using scissors:

- Can use scissors with supervision
- Isn't interested in using scissors
- I don't let this child use scissors

G. What hand does child use:  Left  Right  Both

## 2. WHEN TALKING

A. Speaking

- Speaks clearly most of the time
- Has some difficulty making self understood
- Hard to understand, especially by those outside the family

B. Sentences

- Talks in long sentences and paragraphs
- Uses mostly 2-3 word sentences
- Uses mostly single words

C. Tells story or about event at school, in play, etc.:

- Can relate a simply event using several sentences and ideas
- Gives general idea but can't give a lot of details
- Sometimes gets the time or events confused

\_\_\_\_\_ Can't seem to tell about events that have happened

D. When listening: (For example, if willing, can you send your child to find two things not in their usual place from verbal descriptions?)

\_\_\_\_\_ Easily understands what is said

\_\_\_\_\_ Sometimes unsure or confused

\_\_\_\_\_ Needs things repeated

\_\_\_\_\_ Only follows short directions or parts of long ones

E. Does your child misinterpret what is said? \_\_\_\_\_ Never \_\_\_\_\_ Sometimes \_\_\_\_\_ Often

3. WHAT TV DOES YOUR CHILD WATCH?

A. Amount of time per day: \_\_\_\_\_ 1/2 hr \_\_\_\_\_ 1 hr \_\_\_\_\_ 2 hrs \_\_\_\_\_ 3 hrs or more

B. Kinds of programs your child likes: \_\_\_\_\_

C. \_\_\_\_\_ Doesn't like TV

D. \_\_\_\_\_ Do not have TV

4. LISTENING TO STORIES BEING READ:

A. How does your child like to be read to:

\_\_\_\_\_ Likes this a lot

\_\_\_\_\_ Just started to like this

\_\_\_\_\_ Doesn't like it

B. Stories:

\_\_\_\_\_ Remembers the story, anticipates what's coming and often fills in words

\_\_\_\_\_ Asks for favorite story by telling general idea

\_\_\_\_\_ Doesn't seem to remember the story from one time to the next

C. Songs, Poems:

\_\_\_\_\_ Repeats short songs, poems, or nursery rhymes

\_\_\_\_\_ Just started to do this

\_\_\_\_\_ Remembers only a couple of lines or words

\_\_\_\_\_ Can't repeat songs and poems

5. BEHAVIOR:

A. Describe your child. Is your child:

\_\_\_\_\_ Friendly \_\_\_\_\_ Independent \_\_\_\_\_ Shy \_\_\_\_\_ Stubborn

\_\_\_\_\_ Cooperative \_\_\_\_\_ Difficult to handle

B. Is your child:

\_\_\_\_\_ Overactive \_\_\_\_\_ Average activity level \_\_\_\_\_ Quiet

C. Does your child get:

\_\_\_\_\_ Angry easily

\_\_\_\_\_ Easily upset

\_\_\_\_\_ Extremely quiet

\_\_\_\_\_ Very easygoing, unruffled

\_\_\_\_\_ Independent, likes own way

D. Is your child fearful of new situations or strangers? \_\_\_\_\_ Yes \_\_\_\_\_ No

## 6. EARLY HISTORY

Please remark on anything you consider unusual about your child's early development. (e.g., hospitalization, trauma, death of relative or friend, unusual milestones in walking or talking.)



# Marion Cross School Primary Language/Home Language Survey

**All parents registering their children in Vermont Public schools are required by the Vermont Department of Education to fill out this form, regardless of whether or not a second language is spoken at home. Please answer all questions below.**

Parent Information		
Parent Name:	Home Phone:	
Parent Email:	Work Phone:	
Student Information		
First Name:	Last Name:	Date of Birth: Gender: ___ <b>M</b> ___ <b>F</b>
Country of Birth:	Date of Entry in US (if applicable):	Date first enrolled in any US school:
School Information		
Entering School:		
Enrollment Date:	Entering Grade:	Date:
Questions for Parents/Guardians	Response	
What is the native language of each parent/guardian?		
What language(s) are spoken in your home?		
Which language did your child learn first?		
Which language does your child use most frequently at home?		
Which language do you most frequently speak to your child?		
What other languages does your child know?		



# Marion Cross School Transportation

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

Where is your house on the street or road (second house on the left, etc.)? \_\_\_\_\_

\_\_\_\_\_

Do you expect your child to ride the bus to school? YES/NO

Do you expect your child to ride the bus from school? YES/NO

After school do you expect your child to:

- Attend NASP: \_\_\_\_\_
- Attend a daycare program: \_\_\_\_\_ Where? \_\_\_\_\_
- Go home: \_\_\_\_\_
- Other: \_\_\_\_\_

Emergency Information:

In case of emergency, such as your child missing the bus, and we are unable to reach you, please give us two or three contacts:

Name and Phone: \_\_\_\_\_

Name and Phone: \_\_\_\_\_

Name and Phone: \_\_\_\_\_