



Halifax County Schools Kindergarten Application Form 2018 - 2019

Date: _____

I. Child's Name: _____

Date of Birth: _____ How Verified: _____

Sex: Male: _____ Female: _____ Birthplace: _____

Social Security #: _____ (optional)

Age in years and months as of August 31st: _____ Years _____ Months

Race: _____ Black _____ Indian _____ White

_____ Hispanic _____ Other _____

II. 911 Address: _____

Mail Address: _____

Telephone: _____ If no phone, how can we reach you? _____

III. Parents Marital Status: _____ Married _____ Divorced _____ Separated

_____ Widowed _____ Single

IV. Father's Name: _____

Father's Age: _____ Highest grade completed (circle): 6 7 8 9 10 11 12

Years of College _____ Disabled? _____ Yes _____ No

Employer's Name: _____ Phone: _____

V. Mother's Name: _____

Mother's Age: _____ Highest grade completed (circle): 6 7 8 9 10 11 12

Years of College _____ Disabled? _____ Yes _____ No

Employer's Name: _____ Phone: _____

VI. Guardian's Name: _____ Relationship: _____

Guardian's Age: _____ Disabled? _____ Yes _____ No

Employer's Name: _____ Phone: _____

VII. Child Resides With: _____ Relationship: _____

Family Size: # of older brothers: _____ sisters: _____

of younger brothers: _____ sisters: _____

Number of person(s) living in home other than those already on this sheet? _____