

Kindergarten Registration



2021-2022

Registration Date: February 15, 2021

Time: 8:00 – 3:00 p.m.

The following documents are required for school attendance:

1. Certified Birth Certificate
2. Social Security Card/Number (optional)
3. TN Certificate of Immunization (with Health Exam)
4. Kindergarten Information Sheet (included with this packet)
5. Proof of Residence (examples include Sevier County utility bill, mortgage document, housing lease)
6. Active Court Custody Orders (if applicable)

Welcome to Kindergarten!

Dear Parents,

Welcome to the Sample County School System and to the kindergarten registration process! We look forward to working with you to gather information about your child so that plans can be made to provide a kindergarten experience suited to his or her needs. Please note the steps that are to be followed in the registration process and be sure to contact the school your child will be attending if you have questions/concerns. A Kindergarten Screening date and time will be scheduled upon completion of the Kindergarten information sheet on February 15, 2021.

Sincerely,

Joe Smith and Mary Brown
Instructional Supervisors

What is Needed to Register My Child for Kindergarten?

Document	Description/Added Information
Certified Birth Certificate	
Social Security Card/Number	Optional
TN Certificate of Immunization with Health Exam	The form may be obtained from your doctor or the Health Department. The physical must be given after January 1st of this year. If your child attended Pre-Kindergarten in the Sample County School System or within the State of Sample, the "Pre-School Immunization Certificate and Physical" will be sufficient for enrolling your child in kindergarten for the 20212022 school year, but <i>immunizations must be updated to the required kindergarten standards for entry.</i>
Kindergarten Information Sheet	Last page of this packet
Proof of Residence	examples include: Sample County utility bill, mortgage document or property deed, apartment or housing lease
Active Court Custody Orders	If applicable

FREQUENTLY ASKED QUESTIONS ABOUT KINDERGARTEN SCREENING

1. When and where will screening be held, and how long will it take?

You will be given a screening appointment time at registration. The screening will be held at the school your child will attend. Most screenings can be completed in about an hour.

2. What is Kindergarten Screening?

The screening will consist of a general academic screening and an English language screener (if applicable).

3. What does my child need to know for the Kindergarten Screening?

Examples of some items covered during the screening:

- Child's full name
- Birthdate (month and day)
- Address (street number and name)
- Basic color recognition
- Counting to 10 or above
- Identify several body parts
- Print name
- Be able to copy simple shapes
- Recognize numbers and their quantity
- Identify letters of alphabet (upper case only)



4. Who will do the screening?

Certified educators such as kindergarten teachers and English language teachers will conduct the screening.

5. When will I know how my child performed?

You will be given the results of your child's screening on the day of the appointment. If additional follow-up is needed, you will also be given that information.

6. How will the screening information be used?

The classroom teacher will use the screening results. This will enable the teacher to work with your child on his/her individual needs. Each child's participation in the screening may be impacted by several factors, including how they are feeling that day, how comfortable they are with others, and how well they cooperate.

Please tell your child that you want him/her to do their best – do not exert undue pressure as this may cause anxiety or nervousness. We want this to be a pleasant experience for the child, and not stressful in any way.

Child's Name _____

Date of Birth _____

Health Screening Information

PHYSICIAN/PROVIDER: This is NOT a physical form. You must sign/stamp and date the Tennessee School Immunization Certificate (form PH3722) as required by Tennessee law as proof of immunizations and physical examination.

Height _____ Weight _____ Blood
Pressure _____

Visual Acuity (please write actual acuity)

RT 20/

LT 20/

Both 20/

Audiometric (please write actual Decibel threshold levels)

	1000 Hz	2000 Hz	4000 Hz
Right Ear	dB	dB	dB
Left Ear	dB	dB	dB

Provider Signature/Stamp

Date of Exam