

 **Student File Checklist**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send the following information:**

\_\_\_\_\_\_Kindergarten Health Assessment (Physical) **Kindergarten Only**

\_\_\_\_\_\_Birth Certificate

\_\_\_\_\_\_Copy of Immunizations

\_\_\_\_\_\_Social Security Card- Copy

\_\_\_\_\_\_Student Information & Emergency Contact List

\_\_\_\_\_\_Pick-Up List

\_\_\_\_\_\_Student Photo Release

\_\_\_\_\_\_Field Trip Form

\_\_\_\_\_\_Handbook Acknowledgement

\_\_\_\_\_\_Release of Records (from previous school)

\_\_\_\_\_\_Social Security Card- Copy

(The office will check off items as they are brought in)

**Fees to Collect**

**Registration** $\_\_\_\_\_\_\_\_\_ Paid: Yes / No

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Book Fee** $\_\_\_\_\_\_\_\_\_\_\_ Paid: Yes/ No

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Tuition Draft** $\_\_\_\_\_\_\_\_\_Signed Draft Authorization: Yes/ No

**Total Amount Due** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_