

KINGS LOCAL SCHOOL DISTRICT

PARENT/GUARDIAN FORM CHECKLIST

Student Name: _____ Grade: _____ Homeroom: _____

Please initial below if you have read and completed the following forms:

(Initial)

- I have completed and returned the **Student Registration Form** _____
- I have completed and returned the **Emergency Medical Form** _____
- I have completed and returned the **Race and Ethnicity Form** _____
- I have completed and returned the **Transportation Form** _____
- I have completed and returned the **Student Health History Form** _____
- I have completed and returned the **Home Language Survey** _____
- I have completed and returned the **Request for Transfer of School Records** _____
- I have completed and returned the **Expulsion Enrollment Form** _____

If applicable:

- I have completed and returned the **Homeless Survey** _____

My signature below indicates that I have received, read and agreed to abide by the policies contained in the following: **Acceptable Use Policy, Attendance Policy, FERPA, Photo/Work Release Policy.**

Student's name (PRINT CLEARLY)

Date: _____

Student's signature

Parent or Guardian's name (PRINT CLEARLY)

Date: _____

Parent or Guardian's signature