



**Culbertson Public School District #17**

\* \* \* \* \*

423 1<sup>st</sup> Ave. West  
Culbertson, MT 59218  
406/787/6241  
406/787/6244(fax)

**KINDERGARTEN REGISTRATION FORM**

Student's Name: \_\_\_\_\_  
Last Name                      First Name                      Middle Name

Sex: Male/ Female                      Date of Birth: \_\_\_\_\_  
(Circle One)                      Social Security Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_



Please also include:

- Copy of student's Certified Birth Certificate
- Copy of student's social security card
- Proof of immunizations (please provide a photocopy of immunization records.)
- If you are not the birth parent, documents showing that you are the student's legal guardian. In the case of divorce, court documents showing that you are the custodial or joint custodial parent. (Notarized statements are unacceptable.)
- Date reserved for Kindergarten Round-Up \_\_\_\_\_. (Please call 787-6241 to reserve your date.)