

BELLA VISTA ELEMENTARY SCHOOL KINDERGARTEN REGISTRATION 2023-24

Dear Parent/Guardian: It is time to register kindergarten students for the 2023-24 school year. Pre-registration is required at this time of year so that we can better assess the faculty needs of our school. If you have a child that will be five years old on or before September 1, 2023, this child qualifies for next year's kindergarten program. If you know of a neighbor that qualifies for kindergarten, please share this information with them and have them call the office for further questions. 801-826-7825.

A birth certificate and complete immunization record are required before your child will be allowed to attend kindergarten (However, we encourage you may begin the registration process now even if these other records aren't available now). The following immunizations are required: 5 DPT (if 4th dose was given on or after 4th birthday, a 5th is not needed), 4 POLIO (if 3rd dose is given on/after the 4th birthday then the 4th dose is not needed), 2 MMR (1st one given after first birthday), 3 HEPATITIS B, 2 HEPATITIS A, and 2 VARICELLA (two are now required, first immunization must be given after first birthday or a history of chickenpox (varicella) is acceptable if the parent/guardian signs a verification statement with the health department.

****Please complete and email this form to the school office****

colleen.winterton@canyonsdistrict.org

Student Name :

(as it appears on the birth certificate):

Birthdate _____ M or F _____ Other siblings at Bella Vista? Y/N

Address _____ Zip _____

Is this student: _____ Yes, Hispanic/Latino _____ No, not Hispanic/Latino

What is student's race: _____ American Indian or Alaskan Native, _____ Asian, _____ White _____ ,
Black or African American, _____ Native Hawaiian or other Pacific Islander

What is the first language that the student learned to speak?

_____ Language your student uses at home?

_____ Language spoken most often
in student's home? _____ Preferred language for

home/school communication? _____

Mother's Name _____

Phone # _____ Email Address _____

_____ Same Address as student? Y/N (If no, please
fill in address information)

Address _____ Zip _____

Father's Name _____

Phone # _____ Email Address _____

_____ Same Address as student? Y/N (If no, please
fill in address information)

Address _____ Zip _____

For Office Use Only:

Date Received: _____ Student ID: _____ Birth Certificate: _____ Immunizations: _____