



## REGISTRATION FORM

Q-CITY, GRD FLR BLOCK B,  
FINANCIAL DISTRICT, NANAHRAMGUDA,  
TELANGANA - 500032

MOB: +91 7093904680

info@myschoolitaly.com

www.myschoolitaly.com

### A EUROPEAN KINDERGARTEN

Student being registered: ☐ by post ☐ in person Date: \_\_/\_\_/\_\_\_\_ Registration Number: \_\_\_\_\_

Attending Pre-school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of pre-school:
Previously registered for kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school:
Siblings in this school:	Siblings in other schools:

Note: Personal information on registration be confirmed with parents prior to the start of school in June.

#### Student Identification

Legal Last Name:	Legal Given Names
Birth Date (dd/mm/yyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

REGULAR Transportation: ☐ Bus ☐ Walk ☐ Other (specify):

ALTERNATE Transportation: ☐ Bus ☐ Walk ☐ Other (specify):

Other transportation information, if any:

Has child received speech therapy? ☐ Yes ☐ No

#### Demographics – Home Address Information – Civic + Mailing

Parent/Guardian – Name(s):

Apt. #:	House #:
Street/Road:	PO Box
City (mailing):	City (civic):
Postal Code (mailing):	Postal Code (civic):

#### Demographics – Alternate Home Address Information – (Shared Custody) - Civic + Mailing

Parent/Guardian – Name(s):

Apt. #:	House #:
Street/Road:	PO Box
City (mailing):	City (civic):
Postal Code (mailing):	Postal Code (civic):

Demographics – Address Information – Early Closure Destination (if different from usual after- school destination) – Civic (closure resulting from bad weather, water or heat problems in the school, etc).

Name:	Relationship:
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Apt. #:		House #:			
Street/Road:		City			
<b>Demographics – Contact Information</b>					
	First Name	Last Name	Home Phone	Cell Phone	Business Phone
Father					
Mother					
Guardian					
After school					
Early Closure					
Emergency					
Other contact information the school should be aware of (if any):					
Parent E-mail to communicate:					
Custody (if applicable) – check one:  <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian			Lives With – check one:  <input type="checkbox"/> Parents Together <input type="checkbox"/> Parents Separately <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian		
<b>Medical Information</b>					
Does your child have a life-threatening allergy to certain foods, insect venom, medication, or other material? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate the substance(s) to which your child is allergic:		Has a medical doctor recommended that your child have an emergency medical kit available for use at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Serious medical condition(s):		Information pertaining to serious medical conditions(s):			
Other medical information the school should be aware of:					
<b>Other Information</b>					
Language most often spoken by adults at home:					
Language most frequently used when speaking with child:					
Language learnt by child when he/she first began to talk:					
Is child able to understand almost everything that is said in his/her home language? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please check the box that best describes your child's ability to read in English. <input type="checkbox"/> Does not read it <input type="checkbox"/> Reads it a little <input type="checkbox"/> Reads it well					
Please check the box that best describes your child's ability to write in English. <input type="checkbox"/> Does not write it <input type="checkbox"/> Writes it a little <input type="checkbox"/> Writes it well					

Signature of Custodial Parent: \_\_\_\_\_

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

