



Kindergarten

Requirements to Enter Kindergarten

Age Requirements:

Kentucky law requires that your child must be 5 years of age on or before August 1.

Registration Documents:

- Original legal certificate of birth or other reliable proof of birth required by State Law. 158.032.
- Kentucky Immunization Certificate showing all age appropriate vaccine including: Diphtheria-Pertussis-Tetanus (DTap); Polio vaccine (IPV or OPV), two doses of Measles-Mumps-Rubella vaccine (MMR), three doses of Hepatitis B vaccine (HBV) two doses of Chickenpox vaccine (Varicella) and two doses Hepatitis A vaccine.
- Preventive Health Care Examination Form (Kindergarten Physical) within 1 year before Kindergarten enrollment.
- First time enrollee to Kentucky public schools also require an eye examination performed by an Optometrist or Ophthalmologist.
- A certificate of a Dental Screening or Examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or a physician assistant is required.
- A completed enrollment form returned to the school office.
- Proof of Residency - any bill and license/ID with parent(s)/guardian name and address.
- The district requests a Social Security number for each student as it is used for KEES Scholarship purposes.

All forms are available on the District website: www.scott.kyschools.us; under the Student Services Department-Enrollments.

EQUAL OPPORTUNITY EMPLOYER

Dr Kevin F. Hub • Superintendent

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Kindergarten Enrollment Prior Setting Data

Name: _____ Date of Birth: _____

Address: _____

Please provide information about every early care setting your child attended during the year prior to kindergarten. **Fill out a new box for each location.**

Setting 1:

State funded preschool Head Start Child Care Home Other (Check one)

Facility/School Name: _____

Address: _____

Start Date: _____ End Date: _____

Setting 2:

State funded preschool Head Start Child Care Home Other (Check one)

Facility/School Name: _____

Address: _____

Start Date: _____ End Date: _____

Setting 3:

State funded preschool Head Start Child Care Home Other (Check one)

Facility/School Name: _____

Address: _____

Start Date: _____ End Date: _____

Setting 4:

State funded preschool Head Start Child Care Home Other (Check one)

Facility/School Name: _____

Address: _____

Start Date: _____ End Date: _____

Setting 5:

State funded preschool Head Start Child Care Home Other (Check one)

Facility/School Name: _____

Address: _____

Start Date: _____ End Date: _____

