

Watertown Public Schools

30 Common Street
Watertown, MA 02472

Kindergarten Registration Checklist

Please be sure to have the following when you register your child for kindergarten at your neighborhood school

Student's Name _____
(first) (middle) (last)

Date of Birth _____

_____ Copy of Birth Certificate (**mandatory**)

_____ Two Proofs of Residency – copy of gas/electric **plus** copy of cable bill, lease, telephone bill (**mandatory**)

_____ Copy of Child's Medical Record (Immunization dates), current physical and vision screening (**mandatory**)

_____ Copies of any Early Intervention or Developmental Screenings that are pertinent (optional)

Forms to be completed

_____ Student Information Sheet

_____ Language Survey

_____ Completed Immunization Form (completed by child's physician)

_____ Watertown Public Schools Health Services Form (completed by parent/ guardian)

_____ Parent Placement Contribution Sheet

_____ Photo/ Classroom Listing Permission

_____ Preschool/ Childcare provider form (completed by student's preschool/childcare provider only)

Reviewed and Initialed by:

Guidance _____

Office _____

Nurse _____