

RIVERSIDE ELEMENTARY KINDERGARTEN REGISTRATION

Dear Parents:

January 5, 2026

If you have a child that will be five years of age on or before September 1, 2026. that child qualifies for the 2026-27 school year kindergarten program. State law requires that all school districts in Utah abide by the same September 1st entrance cut-off date. You will be required to bring the child's legal birth certificate, (not a copy) or a sworn affidavit as to why you do not have the birth certificate, and your student's immunization record when you return this form.

If you know of a neighbor or friend that has a qualifying kindergarten child, please share this information with them and tell them to call the school and register their kindergarten child.

If you have a child qualifying for kindergarten in 2026-2027, please complete the form below and return it to the school office with an original birth certificate and immunization record.

Circle One

Student's Legal Name _____ Birthdate _____ M F
Student's Home Address

City _____ State _____ Zip _____

Parent/Guardian Information

Mother's Name _____ Home # _____ Cell# _____ Work # _____

Father's Name _____ Home # _____ Cell # _____ Work # _____

Mother's Email _____ Father's Email _____

Who is the student living with? Both Parents Mother Father

Other _____

Circle One

Yes No Do you have legal custody of the student you are registering?

Yes No Does the student have an IEP or is he/she receiving Special Education Services? ! Resource ! Speech

Yes No Has your student been living in the U.S. for the last 3 years? Federal Race
(Circle One)

American Indian/Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White

Yes No Is the student Hispanic/Latino?

What is the first language your student learned to speak? English Spanish Other _____

Which language does your student use most often? English Spanish Other _____

What language is spoken most often in your student's home? English Spanish Other _____

What is the preferred language for home-school communications? English Spanish Other _____

Yes No Would you like interpretation services provided for parent-teacher conferences?

Office Use Only BIRTH CERTIFICATE IMMUNIZATION RECORD IMMUNIZATION COMPLETE HEALTH CARD OTHER ID _____