

Kindergarten Class Registration for:

Child's name _____

Parent/Guardian's name _____

Address _____

Phone: home: _____ cell: _____

Are you new to the community? no yes If yes, when did your family move here? _____

I request that my child be enrolled in:

extended/ all day Kindergarten at:

half-day Kindergarten at:

I prefer: morning
 afternoon

Chinese Immersion (Madison)

(extended/all day program)

Attendance area school _____

Spanish Immersion (Clearview)

(extended/all day program)

Attendance area school _____

Jumpstart program (Discovery)

(for students new to the country
and/or limited English skills)

Jumpstart program (TBD)

(for students new to the country
and/or limited English skills)

Forms completed and returned:

Student registration form

Transportation form

Additional information:

Extended day form

Immunization forms

Verification of:

Birth certificate/I-94

Other: _____

Pre-school screening complete

Pre-school screening needed

Appt. date: _____

Language Assessment:

(for English language learners)

not applicable

needs to be scheduled

language spoken: _____

phone # _____

completed (date _____)



Date _____

WC/school staff _____

Form sent: with parent to school