

Admissions Office

Student Name _____ Male Female
Last First Middle initial

Parent/Guardian Name(s) _____ Telephone _____

Address _____

Boundary School _____ Birth Date _____
(Must be five (5) by October 1st)

Does your child have special needs: Yes No

If "Yes" is checked, please specify which special needs services are currently provided for applicant such as learning disabilities, speech/language, etc.: _____

Please indicate your interest below by checking option one or two and then the appropriate box below that option:

1. I am only interested in a half-day program for my child at our boundary/assigned school.
Placement in the AM or PM program is dependent on a number of factors and while I realize there is no guarantee of placement, I would prefer that my child be placed in the:
 AM Kindergarten **OR** PM Kindergarten

2. I am interested in the Extended Day Kindergarten Program:
 I would like to be considered for the Extended Day Kindergarten Program at:

_____ Requested School

In the event there is not enough interest to fill an Extended Day Kindergarten Program at my requested school or if there are more applications received than space available, a lottery is held and if my child is NOT selected at the requested school:

- I wish to remain on my requested school's wait list for the Extended Day Kindergarten Program. I understand that if there is not an opening from the wait list that my child will be placed in my boundary school's half-day program.
- OR**
- I wish to be placed on the district-wide Extended Day Kindergarten Program interest list and considered for a district Extended Day Kindergarten Program site. I understand that by being placed on the district-wide Extended Day Kindergarten Program interest list I am removing my child from my school's wait list.

As the parent/guardian of the above-named student I am indicating my intention for my child's kindergarten enrollment.

Parent/Guardian Signature _____ Date _____