

# 4-YEAR OLD KINDERGARTEN PLACEMENT AND BUSING 2018-2019

DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

## SESSION PREFERENCE

Please mark your 1<sup>st</sup> and 2<sup>nd</sup> session preference as AM or PM.

AM 7:54am-10:57am

PM 11:57am-3:00pm

## BUSING

### ***PLEASE NOTE:***

**\*Students WILL NOT be dropped off after school unless an adult is present.**

**\*\*If these arrangements change, please notify us as soon as possible.**

Please indicate your preference on the following:

\_\_\_\_\_ I **want/need** busing for my child.

Pick-Up Address: \_\_\_\_\_

Drop-Off Address: \_\_\_\_\_

\_\_\_\_\_ I **do not want/need** busing for my child.

Any other information you feel would be helpful:

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