

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 1st and 2nd 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:
