

**INDIAN PRAIRIE SCHOOL DISTRICT #204
2018-2019 KINDERGARTEN INFORMATION SHEET**

Student Legal Name _____ Gender: Male or Female
(first) (middle) (last) (circle one)

Student's Nickname _____ (name you would like teacher to use in class)

Current Address _____ Subdivision _____

Student Date of Birth _____ Phone Number (H) _____

Guardian's Name _____ Cell Number _____
(first) (last)

Guardian's E-mail address _____ Work Number _____

Guardian's Name _____ Cell Number _____
(first) (last)

Father's E-mail address _____ Work Number _____

Did your child attend District 204's Prairie Preschool? (circle one) YES NO

Other Preschool(s) Attended _____

Do you have other children at Young ? NO YES List Name(s) _____

List Name(s) _____

Primary language spoken in the home (Home Language) _____

Additional languages spoken in the home (Native Language) _____

Health concerns, medications _____

Other services needed, or any additional information you wish to share:

PLEASE RETURN THIS FORM TO THE SCHOOL OFFICE *AS SOON AS POSSIBLE*
BUT NO LATER THAN March 2, 2018
Thank You!