**Kindergarten Pre-Registration Form 2019-2020 School Year**

My Child’s Birthday: \_ \_ / \_ \_ / \_ \_ \_ \_

Choose One:

\_\_\_\_\_My child was born on or before August 1, 2014 (continue with this form)

\_\_\_\_\_My child was born *after* August 1, 2014 (Please see the secretary and begin the Kindergarten Early
 Entry Appeal Process forms first)

Choose One:

My home address is in the following school attendance area:

\_\_\_\_ Bright Elementary \_\_\_\_ North Dearborn Elementary \_\_\_\_ Sunman Elementary

\_\_\_\_ Outside the attendance area (Please see the secretary for Transfer forms first)

Student’s Name Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle \_\_\_\_\_

Gender Male \_\_\_\_\_ Female \_\_\_\_\_

Soc Sec Number \_ \_ \_ - \_ \_ - \_ \_ \_ \_

Phone Number \_ \_ \_ - \_ \_ \_ - \_ \_ \_ \_

Enrollment Date 08/08/2019 Grade Level Kindergarten

Dist of Residence Sunman Dearborn Community School Corporation

Home Address (Street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Apt #) \_\_\_\_\_\_\_\_
**(NO PO BOXES)**
 (City) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State) \_\_\_\_\_\_\_\_ (ZC) \_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (Street or PO Box) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Apt #) \_\_\_\_\_\_\_\_

 (City) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State) \_\_\_\_\_\_\_\_ (ZC) \_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY** Birth Certificate Received \_\_\_\_\_\_ Immunization Record Received \_\_\_\_\_