

2017-18 Kindergarten Commitment



Student's Name (please print)

Gender

Parents' Name

Student's Home School Site

Address

Home Phone

Please indicate the kindergarten option you want for your child for the
2017-18 school year by responding below:

Section 1

Kindergarten in Muskego-Norway Schools is a full-day program. You may choose to enroll your student in a half-day program. If so, please check here:

Section 2

Parent/Guardian Signature

Parent/Guardian E-mail Address

*** While it is the district's priority to maintain attendance at your home school site, we may need to shift a very small proportion of students to accommodate appropriate class sizes. (In previous years we have had to move less than 1% of our kindergartners.)

PLEASE COMPLETE REVERSE SIDE

Educational Experiences

Has anyone other than the parent spent a good deal of time rearing your child? Yes _____ No _____

If yes, who? _____

Has your child attended day care or any other preschool? Yes _____ No _____

Name of School

Location

Dates Attended

<u>Name of School</u>	<u>Location</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____

Has your child ever had an IEP (Individualized Education Plan) or received any special services, e.g., speech?

If yes, please specify. _____

How does your child get along with other children? _____

How does your child get along with adults? _____

Can your child read at this time? Yes _____ No _____

Child's History

Please list any illnesses or health conditions your child has/had? (asthma, allergies, seizures, etc.)*

*Illnesses or health conditions **must** also be noted while completing online registration.

Personal Information

Does your child have any fears? (thunder, lightning, animals, etc.) _____

What is your child's attitude about coming to school? _____

Would you like to share any personal information that would be of help to us in educating your child? If yes, please write in the space provided or add a separate sheet.
