

2024 - 2025 Kindergarten Pre-Registration Form

Student First Name:	Student Middle Name:
Student Last Name:	Student Date of Birth: (mm/dd/yy)
Parent/Guardian Name:	Relationship to Student:
Phone Number:	Email address:
Both phone and email address need to b	Name: Student Date of Birth: (mm/dd/yy) lian Name: Relationship to Student: er: Email address: and email address need to be something you check frequently. ddress: State: Zip Code: ess, if different from residential address: State: Zip Code: I location based on your permanent residence: son Elementary by Elementary Middleton Elementary Middleton Elementary S' Ridge Elementary
Residential Address:	
City:	State: Zip Code:
Mailing Address, if different from residen	tial address:
City:	State: Zip Code:
Home School location based on your per	rmanent residence:
☐ Anderson Elementary	
☐ Deputy Elementary	
Lydia Middleton Elementary	
☐ Rykers' Ridge Elementary	
☐ Not sure, please assign for me	