

INDIAN PRAIRIE SCHOOL DISTRICT #204
2018-19 KINDERGARTEN INFORMATION SHEET

PLEASE PRINT CLEARLY

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

Current Address _____

Subdivision _____

Student Date of Birth _____

Mother's Name _____
(first) (last)

Phone Number (M) _____

Email: _____

Father's Name _____
(first) (last)

Phone Number (M) _____

Email: _____

Student Resides with (circle one): Mother Father Both

Did your child attend District 204's Prairie Preschool? YES NO

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

List Name(s) _____

Primary language spoken in the home _____

Health concerns, other services needed, or any additional information you wish to share:

PLEASE RETURN THIS FORM TO THE COWLISHAW OFFICE
In person, by fax 630-428-6101 or email julie_michaels@ipsd.org
PRIOR TO THE PREVIEW NIGHT.

Thank You!