

**INDIAN PRAIRIE SCHOOL DISTRICT #204
2019-2020 KINDERGARTEN INFORMATION SHEET**

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

Current Address _____

Subdivision _____ **Mom Cell Phone Number** _____

Student Date of Birth _____ **Dad Cell Phone Number** _____

Home Phone Number _____

Parent/Guardian 1 Name _____ **Mother / Father / Other** (circle one)
(first) (last)

Email Address for Parent/Guardian 1 _____

Parent/Guardian 2 Name _____ **Mother / Father / Other** (circle one)
(first) (last)

Email Address for Parent/Guardian 2 _____

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

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

List Name(s) _____

Primary language spoken in the home _____

Does your child have an IEP or 504 Plan? YES NO (circle one)

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

**PLEASE RETURN THIS FORM TO THE STECK OFFICE
AS SOON AS POSSIBLE**

BUT NO LATER THAN February 28, 2019

You can mail it, turn it into the office, or email it as an attachment (elizabeth_pohlmann@ipsd.org)

Thank You!

Please contact your principal if you have questions about attending a half-day of kindergarten or criteria for early entrance through the Acceleration Act.