FRY ELEMENTARY SCHOOL

Indian Prairie School District 204

3204 Tall Grass Drive, Naperville IL 60564
630.428.7400 / Fax 630.420.7401 / http://fry.ipsd.org

Laurel Hillman, Principal

Tatyana Howard, Student Services

February 7, 2020

Dear Parents/Guardians:

If you have a child who will be five (5) years old on or before September 1, 2020, he or she is eligible to enroll in kindergarten for the 2020-21 school year.*

You are invited and encouraged to attend a **Kindergarten Preview Night on April 15, at 6:30 P.M. in the Fry LMC.** At this meeting, we will provide a detailed look at what the kindergarten experience will offer. You will also be provided with more details related to registration requirements and deadlines. The Kindergarten Preview Night is for **Parents AND incoming Kindergarten Students**. **However, please do not bring older/younger siblings to preview night.**

We need the **Information Sheet** on the attached page ***prior to the preview night*** so that we can begin planning kindergarten enrollment for the upcoming school year. This information will be used to form a kindergarten mailing list. Once on the mailing list, additional information will be mailed to eligible kindergarten parents. Information regarding registration will be available in the Spring.

If you have any neighbors who do not presently have school-aged children, but will have an incoming kindergartner, please give them a copy of this form or ask them to call our office at 630-428-7400. We look forward to meeting you at the Kindergarten Parent Preview Night!

Please mark your calendars!

Kindergarten Preview Night – Parents & Kdg Students

Wednesday, April 15, 2020 at 6:30 P.M.

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

KINDERGARTEN INFORMATION SHEET

Please print clearly!

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

Current Address _____

_____

Email _____

Subdivision _____ **Phone Number (H/C)** _____

Student Date of Birth _____ **Phone Number (W)** _____

Parent/Guardian Name _____
(first) (last)

Primary language spoken in the home _____

Race/Ethnicity (circle one) Hispanic or Latino American Indian or Alaskan Native Asian
Black/African American Native Hawaiian or other Pacific Islander White

Did your child attend a preschool? YES NO

If yes, name of preschool attended _____

Do you have other children at (school name)? List Name(s) _____

YES NO List Name(s) _____

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

_____

_____

_____

_____

PLEASE RETURN THIS FORM TO THE FRY OFFICE PRIOR TO PREVIEW NIGHT
Thank you!