

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

**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)

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

**Do you have other children at (school name)?** List Name(s) \_\_\_\_\_

YES NO 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 BROOKS OFFICE  
PRIOR TO ORIENTATION