GEORGETOWN ELEMENTARY SCHOOL
995 Long Grove Drive
Aurora, IL 60504
Phone: 630-375-3456 Fax: 630-375-3461

Last Name Beginning With:
A-H 6:00PM-6:30PM
I-Q 6:30PM-7:00PM
R-Z 7:00PM-7:30PM

Kindergarten Preview Night
Wednesday, March 21, 2018

February 2, 2018

Dear Parents/Guardians:

If you have a child that will be five (5) years old on or before September 1, 2018, he or she is eligible to enroll in kindergarten for the 2018-19 school year. We are pleased to offer: **ALL-DAY (9:05 AM - 3:35 PM) kindergarten** for your child.

You and your child are invited and encouraged to attend our **Kindergarten Preview Night** on **Wednesday, March 21st 2018.** Your time has been set up based on your student's **Last Name (please see above)**. Please enter the building through Door #2. At this Open House, you and your child will be taken on a tour of our school, meet staff members, and receive a kindergarten handbook. You will also be provided with more details related to registration requirements and deadlines.

We need the **Pre-Registration** information on the attached sheet **as soon as possible, but no later than February 28, 2018** so that we can begin planning kindergarten enrollment for the upcoming school year. This Pre-Registration 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 after April.

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 630-375-3456 so that we can send them this information. I look forward to meeting you at the Kindergarten Preview Night.

Sincerely,

Janan Szurek
Principal

*District 204 recommends a full day of Kindergarten. However, if you have questions about attending a half-day of Kindergarten, please contact your Principal.

(Spanish on the back)

INDIAN PRAIRIE SCHOOL DISTRICT #204
2018-2019 KINDERGARTEN PRE-REGISTRATION

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

Current Address: _____

Subdivision _____ Email address _____

Students date of birth _____ Country of birth _____

Student lives with Name(s):

_____ Cell # _____ Home # _____
(first) (last) (relationship)

_____ Cell # _____ Home # _____
(first) (last) (relationship)

Primary language spoken in the home _____ Secondary language (if used) _____

Did your child attend Preschool? YES NO

Name and address of school _____

Do you have other children at Georgetown? YES NO

List Name(s) _____

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

_____

_____

_____

PLEASE RETURN THIS FORM TO GEORGETOWN SCHOOL AS SOON AS POSSIBLE, BUT NO LATER THAN **February 28, 2018**
Thank You!!

(Spanish of the back)