

Public School 10
Kindergarten Application
(This is not a registration form)

Please Print Legibly:

Today's date: _____

Child's name: _____ Gender _____

Child's Date of Birth: _____ My child is presently a
student at _____

Other schools/daycares attended _____

Child's Address: _____

City, State and Zip Code: _____

Home Phone Number: _____ email _____

Cell Phone # _____ Work Phone # _____

Parent/Guardian's Name: _____ Relationship to child _____

Other Parent/Guardian's Name: _____ Relationship to child: _____

Parent's Address (if different from above): _____

Do you currently have another student in this school? If so, please indicate below

Name: _____ DOB: _____ Current Grade: _____

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I understand that yellow school bussing is not provided by the Department of Education for General Ed students. Initial here: _____

To expedite appropriate receipt of services we are asking the following questions:

Has your child received 'early intervention' services between the ages of one month to three years? No Yes. If so, what? _____

Has your child ever had an IEP? No Yes, my child had an IEP but was decertified and no longer requires services. The services received were _____

Does your child have a current IEP? Yes No

Does your child receive '504' services/modifications? Yes No

Please check your child's interests:

Theatre Arts Science Art Music Dance

Parent's Signature: _____ Date: _____

If you have additionally information you would like to share with us, please do not hesitate to use the other side of this sheet. Thanks.

FOR OFFICE USE ONLY

Student's OSIS # _____ Current school: _____

Sibling Yes No

CODE: _____ BC: _____ L: _____

P OF A: _____ Type: _____ Z: _____ NZ: _____ Z-4 _____

A: _____ WL: _____