

Dates to remember

- Feb 24 - Complete & Return
Kindergarten Questionnaire
- Mar 6 - Attend Pre-registration Meeting
- Mar 26-30 - Kindergarten Registration Appointments

Don't forget to get
your medical forms
completed

Detach and return to 55 W. Water Street, Middletown, PA 17057

Kindergarten Questionnaire

STUDENT INFORMATION (Proper Name as on birth certificate or legal document) (Please print clearly)

Name _____
First Name Middle Name Last Name

Home Address _____
Street Apt #
City State Zip Code

Mailing Address (if different) _____
Street Apt #
City State Zip Code

Home Phone Number () - _____ Date of Birth _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian completing this form _____

Relationship to Student _____

Do you have access to a computer with an Internet connection? Yes No

If yes, please print your e-mail address: _____