

# KENT CITY SCHOOLS KINDERGARTEN REGISTRATION

## PART I: SESSION PREFERENCE

STUDENT'S NAME \_\_\_\_\_ SCHOOL D F H L W

IF POSSIBLE, I AM REQUESTING THAT MY CHILD BE ASSIGNED TO:

\_\_\_\_\_ A.M. (MORNING) Kindergarten Session because \_\_\_\_\_

\_\_\_\_\_ P.M. (AFTERNOON) Kindergarten Session because \_\_\_\_\_

\_\_\_\_\_ Either A.M. (MORNING) or P.M. (AFTERNOON) will be fine.

\_\_\_\_\_ Neither – I am interested in enrolling my child in the full-day program.

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## PART II: BUS PICK-UP/DROP-OFF

Transportation arrangements (bus pick-up for school and bus drop-off after school) are made according to your child's home address. If your child will not be picked up and/or dropped off at his/her home, please complete the following information:

\_\_\_\_\_ Pick-Up: My child will not be able to be picked up at home. Instead, my child will need to be picked up at the following location: \_\_\_\_\_

Name

\_\_\_\_\_  
Address

**I understand that these accommodations can only be made if this address is used five days a week and is located in my child's assigned school attendance area.**

\_\_\_\_\_ Drop-Off: My child will not be able to be dropped off at home. Instead, my child will need to be dropped off at the following location: \_\_\_\_\_

Name

\_\_\_\_\_  
Address

**I understand that these accommodations can only be made if this address is used five days a week and is located in my child's assigned school attendance area.**

\_\_\_\_\_ **Not applicable as home address is pick-up and drop-off location.**