

Date received by school: _____

MARIA L. ARENA
Principal
920.448.2875 ext. 7002
E-mail: marena@ashwaubenon.k12.wi.us



2016-2017

Student's Name: _____

Dear Parent/Guardian:

To help us determine your child's 4 Year-Old Kindergarten site and session we need your input. We will use this information when determining placement, **however, indicating the morning or afternoon class does not guarantee your child's placement.** Placements are made on a first come, first served basis. Please return this paperwork as soon as possible.

Please **rank in order**, 1 to 3, your preferences. **PLEASE KNOW, SELECTING THE MORNING OR THE AFTERNOON CLASS DOES NOT GUARANTEE YOUR CHILD'S PLACEMENT.**

- 1 = most desired
- 3 = least desired

___ I have no preference for a class time.

___ I prefer the afternoon class, 12:10 to 3:00 p.m., at Cormier School, 2280 S. Broadway.

___ I prefer the morning class, 8:00 to 10:50 a.m., at Cormier School, 2280 S. Broadway.

1. Where will your child be before and after school?

Before school: _____

After school: _____

2. Do you have other children enrolled at Cormier School? ___ Yes ___ No

3. Any other information that you would like us to know in order to place your child?

Parent/Guardian Signature

Date