



Office of Superintendent
1745 W Grand Avenue, Haysville, Kansas 67060 Phone: 316-554-2200

Kindergarten Enrollment Authorization Form

Student's Full Legal Name:

Last: _____ First: _____ Middle Initial: _____

DOB: _____ Boundary School: _____ Transportation: _____

Has your child attended preschool?

YES - If YES, which preschool? _____

Phone #: _____

NO - If NO, who provided child care over the last year? _____

Phone #: _____

Has your child ever been suspended, asked to leave or expelled from childcare and/or preschool?

YES ---- If YES, why? _____

NO

Does your child exhibit any of the following at home?

Extreme, prolonged tantrums _____ Aggressive behavior _____

Frequent emotional disconnect (refusal to engage) _____

Additional comments _____

Parent/Guardian Signature: _____ **Date:** _____

Authorized Personnel Signature: _____

THIS INFORMATION IS CONFIDENTIAL
*****INCLUDE A COPY OF THIS FORM IN THE FILE OF EVERY STUDENT LISTED*****
(Scan a copy of this form to the school listed)