

# Regional School District No. 6

## 2019-2020 PREKINDERGARTEN REGISTRATION

Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle)

Place of Birth: \_\_\_\_\_ Male(M)or Female(F): \_\_\_\_\_

Address: \_\_\_\_\_

Mailing address *if different* than address listed above:

(Mr. and Mrs. / Mr. / Mrs. / Ms. ) \_\_\_\_\_

Child Resides with: \_\_\_\_\_ Father/Mother \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other

Alternate mailing Name/Address: \_\_\_\_\_

(For non-custodial parent, guardian, or separated household)

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Names of Brothers/Sisters: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

Name of previous school attended (if applicable): \_\_\_\_\_

**\* Per Board Policy there will be no prek transportation provided. Students will need to be dropped off and picked up.**

Preference of location: (please circle one)

Warren

Morris

Goshen