



6451 Center Street
Mentor, OH 44060

KINDERGARTEN PRE-ENROLLMENT FORM

This Pre-enrollment form for children who will be eligible to attend Kindergarten during the upcoming school year. Children who will be age five (5) by September 30, will be eligible to enter Kindergarten in the fall. If your child is eligible, please complete the following information and return it to school. If you do not have a child to register, please pass this form on to a neighbor who has a child eligible for kindergarten enrollment. **PLEASE NOTE: Effective July 1, 1990, all students must successfully complete a formal kindergarten program to be admitted to first grade.**

CHILD'S NAME _____
Last First Middle

BIRTH DATE: _____ BIRTH PLACE: _____
Month Day Year City State

Male or Female (Check One)

NAME OF PARENT(S) OR GUARDIAN(S) CHILD IS LIVING WITH:

Mr. & Mrs. / Mr. / Mrs. / Ms. _____
Last Name(s) First Name(s)

HOME ADDRESS: _____ HOME PHONE: _____

CITY/STATE/ZIP: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

STEP PARENT/GUARDIAN'S NAME: _____

of Brothers: Younger: _____ Older: _____ # of Sisters: Younger: _____ Older: _____

IMMUNIZATION & HEALTH REQUIREMENTS FOR SCHOOL ENTRANCE

5 DPT (Diphtheria, whooping cough, tetanus)	Physical Examination
4 Polio	2 Measles, Mumps, Rubella (MMR)
3-4 Hepatitis B	2 Chicken Pox (varicella)

Please list below the name and address of any neighborhood child/ren who you think will be eligible to attend in the fall and do not have an older brother or sister in school.

Child's Name / Parent's Name / Address

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