# Kindergarten Survey

This is a preliminary survey to determine the number of five-year-old children residing in school districts in Alexander County.

A child must be five on or before August 31 in order to enroll in public kindergarten. He/she should also have complied with the current Immunization Laws of North Carolina.

Please complete the following information and return it to your child's school promptly. You will be notified in the near future when to attend a Kindergarten Screening in your school.

Thank you for your cooperation. We are looking forward to having your child enroll in school next fall.

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**Name of Child** ____________________________________________**Child's Date of Birth** ____/____/______
First Middle Last Month / Day / Year

**Name child is called** ______________________________ **Sex** (circle ONE) Male Female

**Child's Primary Language** __________________________ **Race** ________________________________

**Child's Home Address** ______________________________________________________________________
(Street or PO Box) (City) (Zip Code)

**Child's Mailing Address** _____________________________________________________________________
(Street or PO Box) (City) (Zip Code)

**Child lives with:** (Circle ONE) Both Parents Mother Only Father Only Guardians
Mother/Stepfather Father/Stepmother Other: ______________________

**Father/Guardian:** _________________________________________ Home Phone: (_____)-_____-_______
Business/Work Phone: ______________________________________ Cell Phone: _____________________
Email Address: _______________________________________________________________

**Mother/Guardian:** ________________________________________ Home Phone: (_____)-_____-_______
Business/Work Phone: _______________________________________Cell Phone: _____________________
Email Address: _______________________________________________________________

School District in which you reside: ____________________________________________________________
School child plans to attend: _________________________________________________________________

Is your child enrolled in Head Start: ___________ YES ___________ NO

Has your child ever received Preschool Disabilities Services: ___________ YES ___________ NO

Does your child have any special needs that the school needs to be aware of?
_____________________________________________________________________________________________
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