

- PLEASE RETURN IMMEDIATELY -
KINDERGARTEN SURVEY
2010-2011

If you have a child who will be attending kindergarten at Swallow School in the fall of 2010, please complete this form. If you have a neighbor who has a child who will be attending, please give this form to them and ask them to either mail it or call the Swallow School office (367-2000 extension 101). We will be in contact with you regarding details of the Kindergarten screening process. Thank you.

SWALLOW SCHOOL DISTRICT
W299 N5614 Highway E
Hartland, Wisconsin 53029

Child's Name _____
Last First Full Middle Name

Name Child Goes By _____

Father's Name _____
Last First

Mother's Name _____
Last First

Home Phone Number _____

Address (Please fill in your exact location):

Street Address City

Child's Birth Date _____
Month/Day/Year Male/Female Race

Child's Birthplace _____
City/State

A child must be 5 years old on or before September 1, 2010 in order to be eligible for kindergarten in fall.