

# 4-YEAR OLD KINDERGARTEN PLACEMENT AND BUSING 2025-2026

DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ Email: \_\_\_\_\_

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ Email: \_\_\_\_\_

HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_

## **SESSION PREFERENCE**

Please mark your 1<sup>st</sup> and 2<sup>nd</sup> session preference as AM or PM.

AM 7:54 am -10:57am

PM 11:57 am - 3:00 pm

## **BUSING**

### ***PLEASE NOTE:***

**\*Students WILL NOT be dropped off after school unless an adult is present.**

**\*\*If these arrangements change, please notify school AND Kobussen Bus.**

Please indicate your preference on the following:

\_\_\_\_\_ I **want/need** busing for my child.

Pick-Up Address: \_\_\_\_\_

Drop-Off Address: \_\_\_\_\_

\_\_\_\_\_ I **do not want/need** busing for my child.

**Any other information you feel would be helpful:**

---

---

