

KINDERGARTEN SCREENING

Thursday, April 21, 2016

Friday, April 22, 2016

Kindergarten Screening will be held Thursday, April 21, 2016 and Friday, April 22, 2016 at Rockville Elementary School located at 977 N. Rockville Road. All children who reside in Louisburg, U.S.D. #416 and will be five years of age on or before August 31, 2016 will be eligible to enroll in Kindergarten next year.

The purpose of this letter is to assist us in determining what children plan to attend Kindergarten next year and if they have any special needs. Assignments will be made after the Kindergarten Screening. Your child is required to attend the screening in order to be assigned to a classroom.

The screening should last about one hour. Please bring a copy of your child's original **birth certificate and shot records**. We will make copies and you will keep the original. Kansas law requires all students to have these on record before they can attend school. (*Hospital Certificates are not accepted.*) Please be aware that your child will be required by Kansas Law to have a completed physical and shot record before the first day of school. Please make your appointment at your doctor's office early.

Please complete the attached form and return by Friday, March 4th. The completed form can be mailed or dropped off at-Rockville Elementary School P.O. Box 219, 977 N. Rockville Rd., Louisburg, KS 66053.

Thursday — April 21, 2016	Friday — April 22, 2016
_____ 9:00 - 10:00*	_____ 8:30 - 9:30*
_____ 10:00 - NOON*	_____ 9:30 - 10:30*
_____ 12:30 - 2:00*	_____ 10:30 - NOON*
_____ 2:00 - 3:00*	_____ 12:30 - 2:00*

**Each session will take 45 minutes within this time slot. You will have an assigned time during this session. Please mark a 1 or 2 beside the selected time as an indication of your 1st and 2nd time preference.*

Child's **Legal Name** _____
 (First) (Middle) (Last)

Male ___ Female ___ Did your child attend Circle Grove Pre-School _____

Birthdate _____ Name your child goes by _____

Parent's Names _____

Address _____
 (House Number, Street Address, Post Office Box)

City, State and Zip Code _____

Home Telephone Number: _____

Mom's Cell Phone: _____ Work: _____
 Email Address _____

Dad's Cell Phone: _____ Work: _____
 Email Address _____

Please list any siblings that are already attending a Louisburg School

Name _____ Building _____
 Name _____ Building _____

Please return by March 4th

You will receive a confirmation notice and further information the last week of March.