

**TRANSITIONAL KINDERGARTEN/KINDERGARTEN INFORMATION**

**STUDENT NAME:** \_\_\_\_\_

**MALE:** \_\_\_\_\_

**FEMALE:** \_\_\_\_\_

**BUS RIDER**

\_\_\_\_\_ **YES**

\_\_\_\_\_ **NO**

\_\_\_\_\_ **MAYBE?**

**ENRICHMENT CHILDCARE (6:00 A.M. – 6:30 P.M.)**

\_\_\_\_\_ **YES**

\_\_\_\_\_ **NO**

\_\_\_\_\_ **MAYBE?**

**SIBLING (S) AT EVERGREEN**

\_\_\_\_\_ **YES** Name: \_\_\_\_\_ Room # : \_\_\_\_\_

\_\_\_\_\_ **NO**

**MEDICAL CONCERNS**

\_\_\_\_\_ **YES, Explain:** \_\_\_\_\_

\_\_\_\_\_ **NO**

**CLASS LISTS WILL BE POSTED THE FRIDAY  
BEFORE THE FIRST DAY OF SCHOOL.**

