



NORTH
KANSAS CITY
SCHOOLS
est. 1913

**18-19 Summer School Program
Bell Prairie Kickoff to Kindergarten**

Session One: June 3rd – June 6th and June 10th-13th
(Monday – Thursday 8:05-2:05)
Session Two: June 17th – June 20th and June 24th-27th
(Monday – Thursday 8:05-2:05)
To secure enrollment, return by April 5th.

Office Use Only

Date Received: _____

Initials: _____

K2K is a two-week, Monday-Thursday experience to help us get to know your child better and hopefully reduce any apprehension they may have of starting kindergarten.

Please complete this enrollment form and return it to Bell Prairie by April 5th to secure enrollment.

Student must be registered to attend Kindergarten during the 2019-2020 school year in order to attend K2K.

Student First Name: _____ Student Last Name: _____

Gender: Male Female Date of Birth: ___/___/___

Ethnicity - Please check one: Hispanic/Latino Not Hispanic/Latino

Race - Please check all that apply:

American Indian or Alaska Native Asian Pacific Islander White Black or African American
(Selecting two or more denotes multi-racial)

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Parent/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Work Phone: _____ Cell Phone: _____

Does your student need services? ___ ELL ___ 504 ___ IEP

Directory Information/Media Release:

The following information may be released without obtaining parental consent:

Student's name; parent's name; grade level; participation in school-based activities and sports; dates of enrollment; honors and awards received; artwork or coursework displayed by the district; and photographs, videotapes, digital images, and recorded sound that have been prepared for public consumption and would not be considered harmful or an invasion of privacy.

Parent Signature

(If you **don't** want the district to release the information listed above, you must submit a written notice to your school within 10 days of completing this form.)

Please check the session of your choice. We will do our best to accommodate session requests. A letter will be sent to you to notify you of the assigned session after enrollment is complete.

_____ Session 1: June 3rd – June 13th

_____ Session 1: June 17th – 27th

_____ No Session Preference

TRANSPORTATION: Indicate which one of the following best fits your student (for afternoon dismissal):

_____ Bus _____ Age _____ Weight (Students under 40 lbs will be assigned to a seat with seatbelts)

(MUST TURN IN ALTERNATE ROUTE FORM FOR ANYTHING OTHER THAN HOME ADDRESS)

_____ Car Rider [Picked up by: _____]

_____ Day Care [Day care provider: _____ Phone Number: _____]

(Please try to keep the same dismissal transportation each day to avoid confusion for your child)

Parent Signature: _____ Date: _____