

**ROCKFORD AREA SCHOOLS**  
**DISTRICT 883**  
**Preschool Screening Record FORM**

**FORM B**

**Kindergarten ONLY**

**Please print and fill out this form completely:**

Student LAST Name (Legal) <input type="text"/>	Student FIRST Name (Legal) <input type="text"/>	Student Middle Name <input type="text"/>	Grade <input type="text"/>
Expected Enrollment Date <input type="text"/>		Date of Birth <input type="text"/>	Gender <input type="radio"/> Male <input type="radio"/> Female

**Preschool Screening Information**

Has this student been Preschool Screened in the State of Minnesota?

Yes  No

Was your Student Screened at Rockford ISD 883?

Yes  No

If your student was **NOT** screened in Rockford please list where they were screened:

School/Screening Name:

Phone (if known)



Address

City

State

Zip





**I authorize the release of the official preschool Screening records listed above to Rockford School District 883**

Parent/Guardian Signature

Parent/Guardian Printed Name

Date