



Iowa City Community School District

Educational Services Center

Matt Degner Superintendent of Schools

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Half-Day Kindergarten Preference Form

TO: Kindergarten Parents

FROM: Iowa City Community School District

Only fill out this form if you prefer your child to attend a **half-day** kindergarten program in their neighborhood school. Please return to your building principal's office.

Kindergarten Preference

_____ I prefer _____ attend morning kindergarten.
(Child's Name)

My Child will be picked up when the class goes to lunch. I understand that my child may not alternate between a.m. and p.m. kindergarten.

_____ I prefer _____ attend afternoon kindergarten.
(Child's Name)

My Child will be dropped off when the class comes back from lunch or lunch recess. I understand that my child may not alternate between a.m. and p.m. kindergarten.

By signing below, I agree to the conditions stated herein and in the attached district memo.

Parent's Signature Date

NOTE: During the year, parents may change this preference **once** during the year and go from half-day to full day.

Change of Attendance Choice

_____ I prefer _____ change their attendance choice
(Child's Name)

and attend full day, every day kindergarten.

Parent's Signature Date