KINDERGARTEN REGISTRATION

If you have a child or know of a child within our district who will be **five years old on or before August 1,** please notify the elementary school. Registration packets will be sent to parent or guardian upon completion of the following form. The scheduled time for your child's screening will be mailed to you**.**

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Child's name _____

Parent or guardian _____

Address_____P.O. Box_____

City_____ Zip Code_____

Child's date of birth_____Male____Female____Phone#_____

Return this completed form by either mail:23081 Coshocton Rd Howard Ohio 43028
fax: 740-599-6397 OR email: awilson@ekschools.org