

REYNOLDSBURG CITY SCHOOLS

Previous School Experience



FORM A
for new
KDG.
students
only

Child's Name: _____ Date of Birth: _____

Please **SELECT** any category that pertains to your child, any time in the two (2) years prior to starting Kindergarten

Head Start Preschool

1 – 11 months
800010

12 months or more
800015

Name: _____

Location: _____

Preschool other than Head Start Preschool
Public or private preschool programs licensed by the Department of Education or Job and Family Services.

1 – 11 months
800020

12 months or more
800025

Name: _____

Location: _____

Preschool other than Head Start or Licensed program
Unlicensed provider preschool experiences

1 – 11 months
800030

12 months or more
800035

Name: _____

Location: _____

Daycare: Licensed or Unlicensed

Frequency (average number of days per week) _____

Duration (average hours per day) _____

None Student did not attend any preschool program prior to enrolling into Kindergarten
800040

Please note that upon completion of this enrollment, your child will officially be a student of Reynoldsburg City Schools.

If you move from the district, enroll your child elsewhere or choose not to have him/her attend kindergarten this year, you must notify the home school of such a change.

Your child will remain on the roster here and continued absences will result in missing person/truancy proceedings.

I agree to contact Reynoldsburg City Schools before the start of the school year if I choose not to send my student and understand that failure to do so may result in the involvement of outside agencies.

X _____
parent/guardian signature

date