



Office of Superintendent  
1745 W Grand Avenue, Haysville, Kansas 67060 Phone: 316-554-2200

Kindergarten Enrollment Authorization Form

**Student's Full Legal Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

DOB: \_\_\_\_\_ Boundary School: \_\_\_\_\_ Transportation: \_\_\_\_\_

**Has your child attended preschool?**

YES - If YES, which preschool? \_\_\_\_\_

Phone #: \_\_\_\_\_

NO - If NO, who provided child care over the last year? \_\_\_\_\_

Phone #: \_\_\_\_\_

**Has your child ever been suspended, asked to leave or expelled from childcare and/or preschool?**

YES ---- If YES, why? \_\_\_\_\_

\_\_\_\_\_

NO

**Does your child exhibit any of the following at home?**

Extreme, prolonged tantrums \_\_\_\_\_ Aggressive behavior \_\_\_\_\_

Frequent emotional disconnect (refusal to engage) \_\_\_\_\_

Additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Personnel Signature:** \_\_\_\_\_

**\*THIS INFORMATION IS CONFIDENTIAL\***  
**\*\*\*INCLUDE A COPY OF THIS FORM IN THE FILE OF EVERY STUDENT LISTED\*\*\***  
(Scan a copy of this form to the school listed)