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DR. ANDREW JACKSON
 Superintendent

CINDY MORTON
 Director of Support Services

MARY ANN BAINES
 Director of Financial Operations

Kindergarten Pre-Registration Form 2018-2019 School Year

My Child's Birthday: __ / __ / ____

Choose One:

- My child was born on or before August 1, 2013 (continue with this form)
- My child was born *after* August 1, 2013 (Please see the secretary and begin the Kindergarten Early Entry Appeal Process forms first)

Choose One:

- My home address is in the following school attendance area:
- Bright Elementary North Dearborn Elementary Sunman Elementary
 - Outside the attendance area (Please see the secretary for Transfer forms first)

Student's Name Last _____ First _____ Middle _____

Gender Male _____ Female _____

Soc Sec Number - - - - - - - - - -

Phone Number - - - - - - - - - -

Enrollment Date 08/08/2018

Grade Level Kindergarten

Dist of Residence Sunman Dearborn Community School Corporation

Home Address (Street) _____ (Apt #) _____
(NO PO BOXES)
 (City) _____ (State) _____ (ZC) _____

Mailing Address (Street or PO Box) _____ (Apt #) _____
 (City) _____ (State) _____ (ZC) _____

Parent Signature _____ Date _____

OFFICE USE ONLY Birth Certificate Received _____ Immunization Record Received _____