APPLICATION FOR EARLY ADMISSION TO KINDERGARTEN AND WAIVER OF ELIGIBILITY REQUIREMENT



| Please Print | | Date: | |
|---|--|---|---|
| Student's Name: | | Birth date: | |
| Attendance Area School: | | | |
| Resident address | | | Apt |
| City | | Zip | |
| Daytime phone number: Home | | Cell | |
| Work | | ext | _ |
| I understand that the kindergarten eli As permitted by the Michigan Compil my child, whose birth date falls betwee kindergarten for the 2023-24 school you by signing this form, I hereby certify the understand that the enrollment procest kindergarten. Parent/Guardian Name (please print) | led Law under MCL 38 een September 1 and year. that the information coss must be completed | 30.1147 and 388.1606 December 1, be allow ontained therein is true I before my child may | 6, I am requesting that wed to enter e and correct. I also attend |
| Parent/Guardian Signature | | | |
| Date: | | | |
| Submit this form to: Enrollment Coordinator Royal Oak Schools 800 DeVillen Ave. Royal Oak, MI 48073 | Phone: (248) 435 Fax: (248) 280-25 | | g |
| OFFICE USE ONL | LY | | |
| Date received | | | |