

Kindergarten Contact Information

Name of Student: _____

Mode of Transportation at Dismissal

_____ Car (Please complete information below)

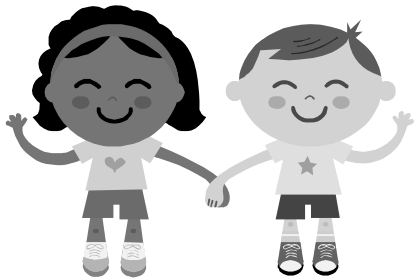
_____ Bus: Name of School District _____

_____ Angel Care

<u>Name of person picking up my child after school</u>	<u>Phone Number</u>
	Cell/Home/Work

(Primary) _____	_____
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(Alternates) _____	_____
_____	_____
_____	_____



SIGNATURE OF PARENT/GUARDIAN

DATE

**PLEASE RETURN WHEN YOUR CHILD COMES FOR
EARLY PREVENTION OF SCHOOL FAILURE SCREENING**