

**COMMUNITY UNIT SCHOOL DISTRICT 200  
KINDERGARTEN PLANNING FORM**

Dear District 200 Parent:

District 200 is planning for the students who will be starting kindergarten next fall. To adequately arrange for their registration in the spring, it will be helpful to have the information requested at the bottom of this page.

If you know of a child or children who will be of school age next fall who may not receive this form, please pass it on to their parents.

There are several requirements for entry into kindergarten.

1. Any child who reaches the age of five (5) on or before September 1 may enter kindergarten at the beginning of the same school year.
2. A registered birth certificate must be presented at the time of registration. This document can be obtained from the Office of Vital Statistics from the state in which your child was born.
3. Students entering preschool, kindergarten and sixth grade must have a physical examination and required immunizations within the year prior to enrollment. Students entering school for the first time, kindergarten or later are also required to have a vision exam. A physical examination form will be given out at the kindergarten registration meeting or may be picked up at the school office. The physical is a requirement of the State of Illinois and includes a record of completed immunization for the following childhood diseases: diphtheria, whooping cough, tetanus, poliomyelitis, measles, mumps, rubella and varicella. The physical must be completed no later than September 15<sup>th</sup> or the student will not be allowed to continue in school. Students in kindergarten are required to have a dental exam by May 15<sup>th</sup> of their first year in school.
4. Proof of residency in District 200 must be provided in three forms. These include a contract to purchase or build a house, a current lease identifying name and address of building owner or manager, a current tax bill or mortgage payment book, a current driver's license, a utility bill showing resident address. (The school office can provide more specific information if you have questions.)

Thank you for your attention and help in this matter. We look forward to having your child in our school.

Please return the bottom portion of this page to the school office at your earliest convenience.

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**PLEASE COMPLETE AND RETURN THIS PORTION OF THE FORM TO YOUR ELEMENTARY SCHOOL OFFICE**

**PLEASE CHECK THE BOX THAT INDICATES YOUR NEIGHBORHOOD ELEMENTARY SCHOOL**

- |                                    |                                     |  |                                     |
|------------------------------------|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Bower     | <input type="checkbox"/> Johnson    | <input type="checkbox"/> Lowell        | <input type="checkbox"/> Sandburg   |
| <input type="checkbox"/> Emerson   | <input type="checkbox"/> Lincoln    | <input type="checkbox"/> Madison       | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Hawthorne | <input type="checkbox"/> Longfellow | <input type="checkbox"/> Pleasant Hill | <input type="checkbox"/> Whittier   |
|                                    |                                     |  | <input type="checkbox"/> Wiesbrook  |

Student's Legal Name (Please Print) \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ Gender:  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_