

Screening Letter

In order to better prepare for our staff and district needs for upcoming years, we are asking all families to list their children who are NOT of school age on this form. We appreciate your assistance.

Parent/Guardian Name: _____

Address: _____

Phone #1: _____

Phone #2: _____

Email: _____

1. *Child's Name:* _____

Date of Birth: _____

2. *Child's Name:* _____

Date of Birth: _____

3. *Child's Name:* _____

Date of Birth: _____