

Interest Form

Please share with families of preschool aged children!

Now enrolling Kindergarten students for the Fall of 2016!



Name of Student: _____

Student Date of Birth: _____

Name of Parent/Guardian: _____

Address: _____

Phone Number: _____

Alternate Phone Number: _____

Email: _____

Is this child a sibling of a student at KTV Middle School? _____

Circle preferred method of contact: **call** **text** **letter** **e-mail**

