

For Office use only		Date Received:	
Date of Birth Certificate Verification:		Open Enrolled?	
Name on Birth Certificate:		Birth Certificate:	
State:	DOB:	Proof of Address:	
School Official's initials of who verified:		Immunization Records:	
		Skyward Enrollment:	1 2 3
Entered onto SS		Classroom Assignment:	



Fall Creek Elementary

4K

## Fall Creek 4K Registration Parent Form

Child's Name: \_\_\_\_\_

**Class time preference**

\_\_\_\_\_ Morning (AM) 1/2 day 7:55 to 11:05  
 \_\_\_\_\_ Afternoon (PM) 1/2 day Noon to 3:10

**Transportation:** Bryan Holman, Head of Transportation  
 715-577-1199 if you have any questions.

\_\_\_\_\_ Yes: We are interested in bussing  
 \_\_\_\_\_ No: We will be transporting daily

**PLEASE BRING TO OFFICE  
OR INFO. EVENT**

**Forms needed:**

1. Birth Certificate
2. Proof of Address
3. Immunization Records

The classroom assignment will take place based on the date and time of completion of online registration, Birth Certificate verification & Proof of Address provided to the office. Birth Certificates must be verified in person at the office or at the 4K Info. Event.

The Registration process is date and time stamped when complete.

We WILL NOT be accepting specific teacher requests.

Office hours: Monday - Friday 8:00am to 3:30pm when school is in session