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DR. ANDREW JACKSON
Superintendent

CINDY MORTON
Director of Support Services

MARY ANN BAINES
Director of Financial Operations

Kindergarten Pre-Registration Form 2020-2021 School Year

My Child's Birthday: __ / __ / _____

Choose One:

- My child was born on or before August 1, 2015 (continue with this form)
- My child was born *after* August 1, 2015 (Please see the secretary and begin the Kindergarten Early Entry Appeal Process forms first)

Choose One:

My home address is in the following school attendance area:

- Bright Elementary North Dearborn Elementary Sunman Elementary
- Outside the attendance area (Please see the secretary for Transfer forms first)

Student's Name Last _____ First _____ Middle _____

Gender Male _____ Female _____

Soc Sec Number _ - - - - -

Phone Number _ - - - - -

Enrollment Date 08/05/2020 Grade Level Kindergarten

Dist of Residence Sunman Dearborn Community School Corporation

Home Address (Street) _____ (Apt #) _____
(NO PO BOXES)

(City) _____ (State) _____ (ZC) _____

Mailing Address (Street or PO Box) _____ (Apt #) _____

(City) _____ (State) _____ (ZC) _____

Parent Signature _____ Date _____

Parent Email Address _____

OFFICE USE ONLY Birth Certificate Received _____ Immunization Record Received _____