

**G. W. BROWN SCHOOL
HALF DAY
KINDERGARTEN APPLICATION
2012-2013**

Office Use Only	
Date Rec'd _____	<input type="checkbox"/> Birth Certificate
Lottery # _____ HD	<input type="checkbox"/> Proof of Residency
	<input type="checkbox"/> Immunizations

By completing this application form you are expressing your interest in having your child attend the Half Day Kindergarten program.

DOB: _____

(Please Print)

Child's Name: _____
Last Name First Middle

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name(s): _____

Address: _____

E-Mail: _____

Hours for Kindergarten: Half Day AM: 9:00-11:45 PM: 12:45-3:30

Newburyport Public Schools Half Day Kindergarten Registration Process

- ✓ All students registered for the Half Day program will be granted enrollment.
- ✓ All Half Day applicants will be entered into a lottery to determine enrollment in either an AM or PM session. Students will be selected equitably through a public process lottery.
- ✓ The lottery will determine equitable class size in all half day sessions.
- ✓ Parents will be notified of the status of their application in early March.

Parent/Guardian Signature

Date