

Timberlane School District – Atkinson Academy
17 Academy Ave.
Atkinson, NH 03811

**RETURN THIS FORM
NO LATER THAN
MAY 16, 2008 TO
YOUR CHILD'S
SCHOOL**

**KINDERGARTEN STUDENT
AM/PM CHOICE**

Please indicate your parental preference for the 2008-2009 school year.
If there is a high number of requests for a particular session, student enrollment will
be determined by lottery. Special circumstances noted below will be considered.

STUDENT'S NAME: _____

ADDRESS: _____

TELEPHONE #: _____ DAY _____ EVENING _____ CELL _____

CURRENT SCHOOL SETTING

Is your child attending school this year (07-08) *circle one* **YES NO**

If yes, please name your child's preschool program.

KINDERGARTEN NEXT YEAR AT ATKINSON ACADEMY

Do you prefer AM or PM kindergarten? *circle one* **AM PM NO PREFERENCE**

Please give a brief explanation to explain your circumstances and identify factors that could influence the final decision.

PARENT SIGNATURE: _____

PARENT NAME(S): (please print) _____

*All requests for next year's kindergarten session must be received in the office before the close of school, **May 18, 2008**. Late forms will be used for registration; however, session choice may not be possible. You will be notified of your child's classroom assignment for the 2008-2009 school year by postcard during the week of **June 2, 2008**.*