

**Ipswich Public Schools  
Kindergarten Roundup**

*Please return to:  
Ipswich Public Schools  
ATTN: Kindergarten Roundup  
1 Lord Square  
Ipswich, MA 01938  
or emailed directly to [lhillery@ipsk12.net](mailto:lhillery@ipsk12.net)*

Student's Name: \_\_\_\_\_

First name

Full Middle Name

Last Name

Nickname (name child goes by): \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_

Child Lives with: \_\_\_\_\_

Pre-School (s) Attended: \_\_\_\_\_

How often: 2 Half Days \_\_\_ 3 Half Days \_\_\_ 2 Full Days \_\_\_ 3 Full Days \_\_\_ Full Week \_\_\_

Pre-School Address: \_\_\_\_\_

Did your child participate in the Ipswich Birth to Three Program? YES  NO

Has your child ever received services from Early Intervention? YES  NO

Does your child have siblings at either elementary school? YES  NO

If yes, what school do they attend? \_\_\_\_\_