

Ipswich Public Schools Kindergarten Roundup

Please return to:
Ipswich Public Schools
ATTN: Kindergarten Roundup
1 Lord Square
Ipswich, MA 01938

Student's Name: _____

First name

Full Middle Name

Last Name

Nickname (name child goes by): _____ Male Female

Date of Birth: _____ Place of Birth: _____

Address: _____

Primary Phone: _____ Cell Phone: _____

Primary Email Address: _____

Parent: _____ Parent: _____

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? _____