



# PETERMANN

Safety One Person at a Time

12475-A ACHIEVEMENT WAY  
PICKERINGTON, OHIO 43147  
(614) 837-8525 (614) 837-9485 FAX

PICKERINGTON LOCAL SCHOOL DISTRICT  
KINDERGARTEN STUDENT INFORMATION

STUDENT NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BIRTHDAY \_\_\_\_\_ GENDER \_\_\_\_\_

PRINT INFORMATION

PARENT(S)/GUARDIAN NAMES: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MOTHER'S WORK #: \_\_\_\_\_ FATHER'S WORK #: \_\_\_\_\_

MOTHER'S CELL : \_\_\_\_\_ FATHER'S CELL : \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE (Typed name serves  
as your signature)

\_\_\_\_\_  
DATE

**BUS TRANSPORTATION NEEDED? MARK ONE**

(To be eligible for busing you must live one mile or more from the school, you may Call 614-837-8525 to verify your eligibility)

(If you don't know which session your child will be assigned, mark what your needs would be for both sessions. Please mark preferences with an "X".)

AM SESSION PICK-UP: YES \_\_\_\_\_ NO \_\_\_\_\_

M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_

AM SESSION DROPOFF: YES \_\_\_\_\_ NO \_\_\_\_\_

M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_

PM SESSION PICKUP: YES \_\_\_\_\_ NO \_\_\_\_\_

M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_

PM SESSION DROPOFF: YES \_\_\_\_\_ NO \_\_\_\_\_

M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_

(Complete below if transportation is needed from a sitter)

**Babysitter's address:** \_\_\_\_\_

**Babysitter's name:** \_\_\_\_\_

**Babysitter's phone number:** \_\_\_\_\_

(Babysitter must reside in the attendance boundary)

PLEASE ALLOW 3 DAYS FOR PROCESSING BEFORE TRANSPORTATION CAN BE AVAILABLE THANK YOU