

Multi-Grade Kindergarten Request Form

Name of School: _____

Date of School Board action to request a kindergarten program in connection with other grades:

Date: _____

Grades and numbers of students projected:

Pre-K	_____				
K	_____	3	_____	6	_____
1	_____	4	_____	7	_____
2	_____	5	_____	8	_____

Grades to be included with kindergarten: _____

Name of multi-grade kindergarten teacher: _____

Indicate type of kindergarten program: Full Day Half Day

Indicate the days kindergarten will be in session. M T W Th F

Indicate the number of hours that kindergarten will be in session each week. _____
(Policy requires the kindergarten to be in session a minimum of 15 hours per week.)

Will you have a teacher assistant in place while the kindergarten is in session? Yes No

Does your school have the current NAD Kindergarten Curriculum (Stepping Stones)? Yes No

Registration Fee will be: \$ _____ Monthly Charge: \$ _____

Please see Michigan Conference Handbook of Educational Policies for additional information.

_____ Superintendent's Signature	_____ Date
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