GARRETT COUNTY PUBLIC SCHOOLS
KINDERGARTEN APPLICATION FOR REGISTRATION 2020-2021

If you have a child who is not already enrolled in school, but is ready and/or required to attend school during the 2020-2021 school year, please fill in the following information and mail it to the Garrett County Public Schools or complete the form online by going to the Garrett County Public Schools website, www.garrettcountyschools.org (Navigate to Departments > Early Childhood/Elementary > Kindergarten Registration > Kindergarten Application). Upon receipt of the following form, the Elementary Education Department will contact you to schedule an appointment for you and your child.

Child’s Full Name: ________________________ Birth Date: ______________________

*(CHILD MUST BE FIVE BY SEPTEMBER 1, 2020, FOR THE 2020-2021 SCHOOL YEAR)*

Name Child Wants to Be Called in School: ____________________________ Gender: ☐ Male ☐ Female

Social Security Number (Requested): ________________________________

Parent #1 & Relationship: ____________________________________________
Address: __________________________________________________________
Mailing (if different): ________________________________________________
Phone: Home____________________ Cell____________________ Work____________________
Email Address ______________________________________________________

Parent #2 & Relationship: ____________________________________________
Address: ☐ Same as Above ____________________________________________
Mailing (if different): ________________________________________________
Phone: Home____________________ Cell____________________ Work____________________
Email Address ______________________________________________________

Local School: ____________________________________________
Is student enrolled in a Head Start Program? ☐ Yes ☐ No
If yes, what Center? ____________________________________________
Is student enrolled in a Pre-Kindergarten Program? ☐ Yes ☐ No
If yes, what school? ____________________________________________
I would be interested in volunteering in the school ☐ Yes ☐ No ☐ Maybe

CERTIFICATION: I hereby certify that my responses to this questionnaire are correct. I consent to the confidential sharing of information with GCPS partner programs within the school, in lieu of filling out additional paperwork, if necessary. Should you choose to decline the sharing of such info, please check the following box. ☐ Checking this box may result in the need for additional forms to be filled out for participation in our partner programs in the future.

Signature of Parent/Guardian: __________________________ Date: ________________

Please return this form to either your LOCAL ELEMENTARY SCHOOL or
Garrett County Public Schools
Attention: Elementary Education
40 South Second Street
Oakland, Maryland 21550
Email: mark.greene@garrettcountyschools.org or Fax: 301-334-7621