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:

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