

Owen Elementary School
1560 Westglen Drive
Naperville, IL 60565
630-428-7300

Kim Earlenbaugh, Principal
kim_earlenbaugh@ipsd.org

Elizabeth Lowery, Student Services
elizabeth_lowery@ipsd.org

February 7, 2020

Dear Parents or Guardians:

If you have a child who will be five (5) years old on or before September 1, 2020, (*born between September 2, 2014 and September 1, 2015*) he or she is eligible to enroll in kindergarten for the 2020-21 school year. We are pleased to offer ALL-DAY kindergarten for your child. **Please fill out a KINDERGARTEN INFORMATION FORM and return the completed form to Owen Elementary School as soon as possible.** The Information Form will be used to form a kindergarten mailing list and we will mail a registration packet to your home in late April.

You are invited and encouraged to attend our **Kindergarten Parent Preview Night** (*parents or guardians only please*) March 24th at 6:30 p.m. in our LMC. At this meeting, we will provide a detailed look at what the kindergarten experience will offer. You will also be provided with more details related to registration requirements and deadlines.

If you have any questions, please call the main office at 630-428-7300. Please feel free to share this information with other parents who may have kindergarten age children in the Owen attendance area.

Kids First,

Mrs. Kim Earlenbaugh



CHARACTER COUNTS! Everywhere all the time!

**OWEN KINDERGARTEN INFORMATION SHEET
2020-2021**

Legal Student Name _____ **Gender** Male or Female
(first) (middle) (last)

Current Address _____

Email _____

Subdivision _____ **Phone Number (H/C)** _____

Student Date of Birth _____ **Phone Number (W)** _____

Parent/Guardian Name _____
(first) (last)

Primary language spoken in the home _____

Race/Ethnicity Hispanic or Latino American Indian or Alaskan Native Asian
(circle all that apply) Black/African American Native Hawaiian or other Pacific Islander White

Did your child attend a preschool? YES NO

If yes, name of preschool attended _____

Do you have other children at Owen? List Name(s) _____

YES NO List Name(s) _____

Health concerns, other services needed, or any additional information you wish to share:

**PLEASE RETURN THIS FORM TO THE OWEN OFFICE PRIOR TO ORIENTATION OR
EMAIL TO tracey_herrick@ipsd.org Thank you!**