



Department of Education

Carmen Fariña, Chancellor

Office of Early Childhood
New Kindergarten Admit Questionnaire

School Staff: Please Complete This Section

Borough [K] District [2][0] School [1][0][2] Name of School The Bay View School
Date of Birth (Month/Day/Year) [ ][ ][ ][ ][ ][ ] Gender [ ] NYC Student Identification Number [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Student Name: Last, First, Middle Initial \_\_\_\_\_
Pre-Reg Date (Month/Day/Year) [ ][ ][ ][ ][ ][ ] Date Entered in ATS (Month/Day/Year) [ ][ ][ ][ ][ ][ ]

Parent/Guardian: Please Complete This Section

Please answer both questions (1) and (2). Please read them before you respond.

Question 1:

Table with 3 columns: Question, Response, Office Use Only. Title: What kind of care or early education did your child receive during the year before kindergarten? Rows A-E with checkboxes and descriptions.

Question 2:

Table with 3 columns: Question, Response, Office Use Only. Title: What is the main reason you did not enroll your child in a free pre-k program the year prior to kindergarten? Rows A-K with checkboxes and descriptions.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Entered in ATS By: \_\_\_\_\_