

**KINDERGARTEN SURVEY**

If you know of a child who will be 5 years old on or before September 1, 2024, and will attend Wall ISD, please fill out the form below and return it to Wall Elementary by Wednesday, February 14, 2024. Thank you for your help and cooperation.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parents' names \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number \_\_\_\_\_ Boy / Girl

Parent Email Address \_\_\_\_\_