

OUR LADY OF MOUNT CARMEL SCHOOL
Kindergarten Preference Form for 2018-2019

Student's Name _____

_____ If a placement will be available, we request a half-day program for our child. I understand that, because of his/her half-day status, he/she will not receive instruction in some subject areas and specials, nor attend religious services or activities that occur in the afternoon.

_____ We request a full-day program for our child.

Parent's Signature _____ Date _____