

KoMet Academy



Name: _____

Grade: _____ Classroom Teacher: _____

_____ **Yes**, I would like my child enrolled in KoMet Academy.

_____ **No**, I would not like my child enrolled at this time

If you checked Yes above, please complete the information below:

_____ I will transport my child home from KoMet Academy

_____ My child will go home from KoMet Academy via the bus to the following location:

In-town transportation is provided to Kasson and Mantorville.

Address: _____

Is this the child's home address? _____ Yes _____ No

Mother's Name: _____ Work Phone: _____ Cell Phone: _____

Father's Name _____ Work Phone: _____ Cell Phone: _____

Child's Home Phone Number: _____

Emergency names & phone numbers if a parent can't be reached:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Please list any health or other information you would like to share with the KoMet Academy staff below:

Parent's Signature: _____

Please return this complete sheet to your child's teacher by Thursday, December 9th.