

Kindergarten Screening and Visit

Please complete both pages, sign and return this form with your application no later than Tuesday, December 15, 2009.

Child's Name _____ Birthdate _____

Parent/Guardian Name(s) _____

If you are applying to Katherine Delmar Burke School and/or The Hamlin School, applicants must complete both a kindergarten screening off site, and a kindergarten visit to each school they are applying.

Please go to www.kdbs.org/screening/ after November 1st to schedule your child's kindergarten screening. These one-on-one assessments will be administered by independent screeners at the Congregation Emanu-El of San Francisco (2 Lake Street) in January 2010. The screening times are: 9:00 a.m., 10:00 a.m. and 11:00 a.m. If you are also applying to Marin Country Day School, Mount Tamalpais School and/or St. Mark's School, you have the option of completing the kindergarten screening at one of these schools in lieu of screening at Congregation Emanu-El. Screening results, with your permission, will be shared with the schools you indicate on this form.

In addition to the screenings, all applicants will visit each school to which they are applying. Please select the date and time you would like to schedule your child's visit to Burke's on the following page.

I. Kindergarten Screening Location:

Please indicate below where your child will have her screening completed.

Testing Site	Please check one
Congregation Emanu-El, San Francisco (for Burke's and Hamlin)	
Marin Country Day School	
Mount Tamalpais School	
St. Mark's School	

(CONTINUED)



II. Schools to Receive Screening Results:

Your signature on this form indicates your permission to share the results of the screening with the schools named below.

Schools	Please check all that apply
Katherine Delmar Burke School	
The Hamlin School	
Marin Country Day School	
Mount Tamalpais School	
St. Mark's School	

III. Kindergarten Visit at Katherine Delmar Burke School

Please rate in order of preference from 1st to 3rd the date and time you would like your child to visit Burke's. We will contact you to confirm the visit date and time.

Saturday 9:00 - 10:00 a.m.	Saturday 11:30 a.m -12:30 p.m.
_____ January 9	_____ January 9
_____ January 16	_____ January 16
_____ January 23	_____ January 23

Please list if your child has any food allergies: _____

 Parent/Guardian Signature Parent/Guardian Name (Please Print) Date

