



# Kindergarten 2026

## Request for Specific Days

Please note that while every attempt will be made to accommodate your needs, we are unable to guarantee that you will receive the days you have requested.

I \_\_\_\_\_ would like to request that my child  
*Parent/Guardian Name*

\_\_\_\_\_ attend Kindergarten on the following days if they are available.  
*Student Name*

**(Please circle option A,B or C)**

**Option A: Monday/Thursday/Alternate Wednesday**

**Option B: Tuesday/Friday/Alternate Wednesday**

**Option C: No preference required**

The reason for my request is

Medical

☐

Other contributing factors

☐

Please list any extraordinary factors for your request

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I acknowledge that although every attempt will be made to accommodate my request, there is no guarantee that I will receive the days that I have requested.

Signed: \_\_\_\_\_  
*Parent/Guardian Signature*

Date: \_\_\_\_\_