

**Marshall County Schools
Kindergarten Student Sibling Form**

(Please Print)

Student's Full Name _____

Mailing Address _____

Phone Number _____ **Emergency Number** _____

Do you have other K-6 students attending Marshall County Schools for the 2011-2012 school year? _____

If yes, give names, grades, and schools:

1. _____

2. _____

School Preference:

I understand that my child will be assigned to a school which has available spaces. Children with siblings already in a school will be a priority.

Parent/Legal Guardian (signature) _____

Parent/Legal Guardian (printed) _____ Date _____