



St. Joseph Catholic Academy Certification Attesting to Age of Child

Parent/Guardian: Please print the information and return this form with parent/guardian signature to the Main Office.

Date: _____

I, _____ being the parent/guardian of
(name of parent/guardian)

_____ being first duly sworn
(legal name of child)

on oath and being informed as to the requirements of the Board of Education that

- to be eligible for enrollment in **KINDERGARTEN** a child must be **five (5) years of age on or before September 1st**
- to be eligible for enrollment in **4K** a child must be **four (4) years of age on or before September 1st** of such year
- to be eligible for enrollment **3K** a child must be **three (3) years of age on or before September 1st** of such year

herewith submit the following information for determination as to such child's eligibility and certify it to be true and correct.

Student's Age _____ Birth Date _____

Birth City _____ County _____ State _____ Country _____

Parent/Guardian Signature: _____

OFFICE USE ONLY

Source of Information: _____

Verified by: _____

ST. JOSEPH CATHOLIC ACADEMY

Lower Campus 7207 - 14th Avenue • Kenosha, WI 53143 • Upper Campus 2401 - 69th Street • Kenosha, WI 53143