

**CERTIFICATION ATTESTING TO AGE OF CHILD**

STATE OF WISCONSIN

} SS

Date \_\_\_\_\_

KENOSHA, COUNTY

I, \_\_\_\_\_ being the parent/guardian of  
*(Name of parent or guardian)*

\_\_\_\_\_ being first duly sworn on oath and being  
*(Legal name of child)*

informed as to the requirements of the Board of Education that to be eligible for enrollment in Kindergarten a child must be **five years of age on or before September 1<sup>st</sup>** of such year and 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 \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian*

**OFFICE USE ONLY**

Source of Information \_\_\_\_\_

\_\_\_\_\_  
*Verified by*

Rev (02/05)

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*Signature of Parent/Guardian*

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