

Levittown Public Schools Universal Pre-Kindergarten Interest Form

This form **MUST** be returned **No later than March 4, 2016** to:

Levittown Memorial Education Center
150 Abbey Lane
Levittown, NY 11756
Attn: Arlene Mege – Room 417
Fax – 516-861-4424 - email – Amege@levittownschoools.com

Name of Child: _____

Child's Date of Birth: _____

Mom's Name: _____ Cell Phone

Dad's Name : _____ Cell Phone

Address: _____

Home Phone No. _____

******PLEASE NOTE A CONFIRMATION OF RECEIPT WILL BE MAILED TO YOUR HOME!!!!**

Any questions call Arlene Mege – 516-434-7058