



WEST CLERMONT LOCAL SCHOOL DISTRICT

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www.westcler.org

Dr. Keith Kline – Superintendent
Mrs. Alana Cropper, CPA - Treasurer

Dear Parent/Guardian,

We are thrilled to have your son/daughter enrolled in our kindergarten program for the 2018-19 schoolyear. Together we will work to make this a great year of learning and development. The West Clermont Local School District offers full-day, tuition free kindergarten in each of our elementary schools. Research shows, and we strongly believe, that an all-day experience will help our students build a solid foundation for learning now and well into the future. We look forward to working with your son/daughter all-day, every day.

As required by Ohio law, all school districts must offer parents a half-day kindergarten option. While we strongly advocate kindergarten students stay all day, a half-day option is available for those parents who choose to “opt-out” of the full day experience. Families choosing a half-day kindergarten program need to be aware of the following:

- All half-day students will attend morning kindergarten
- Half-day students will be transported home with pre-school students midday (unless a parent opts to pick them up from school)
- While literacy and math will be focus areas for the morning session, students attending full-day kindergarten will also receive instruction in social studies and science as well as an opportunity to participate in physical education, music, art and technology
- After the first ten days of school, students will not be permitted to move from half-day to full day kindergarten

We encourage all of our kindergarten students to stay with us all day. However, families can request the half-day option by completing the opt-out form below.

We look forward to bright educational future for your child!

I am formally requesting my son/daughter attend half-day kindergarten for the 2018-19 schoolyear. I have read and understand the information provided above regarding the half-day kindergarten program in the West Clermont Local School District.

Parent Name: _____

Student Name: _____

School: _____

Parent Signature: _____