



OPT IN FORM

Since 2013, all kindergarten students attending a Nevada public or charter school are automatically enrolled in the Nevada College Kick Start Program. This Opt-In form is only for those children who attended kindergarten in a public or charter school from 2013 forward, who still reside in Nevada, and whose parents/guardians elected to mark their student's information as confidential which, thereby, excluded him or her from being included in the program and receiving a \$50 college savings plan account. If you would like your child to participate in this program and he or she is eligible, please use this form to provide the information below to establish his or her account.

I am submitting this Opt-In Form and thereby agreeing to allow my child's name and information to be used by the Program to establish and maintain an account in his or her name.

Child's Name:					
First Name	Last Name		Middle Initial		
Child's Date of Birth:		Gender:	M	F	
Year Attended Kindergarten:	School Attended:				
Child's Current GradeCh	aild's Current School:				
Child's School ID Number					
Parent/Guardian Name:					
First l	Name Last Na		Aiddle Initi	al	
Email address:	Ph	one number:			
Parent/Guardian Signature:		Dat	te		
Completed form may be emailed	to: collegesavings@nevadatrea	surer gov or faxed	/mailed	d to th	

CARSON CITY OFFICE

Las Vegas office listed below.

State Treasurer 101 N. Carson Street, Suite 4 Carson City, Nevada 89701-4786 (775) 684-5600 Telephone (775) 684-5623 Fax

STATE TREASURER PROGRAMS

Millennium Scholarship Program Nevada Prepaid Tuition Program Unclaimed Property Upromise College Fund 529 Plan

LAS VEGAS OFFICE

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