



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 Grade_	Child's	Current School:					
Child's School ID Nun	nber						
Parent/Guardian Name:	;						
Mailing Address:	First Name		Last Name	M	liddle Init	tial	
Email address: _		Phone number:					
Parent/Guardian Signature:				Date			

Completed form may be emailed to: college savings@nevadatreasurer.gov or faxed/mailed to the Las Vegas office listed below.

CARSON CITY OFFICE

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 Nevada College Savings Plans Nevada College Kick Start Program

LAS VEGAS OFFICE

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