



Pre-School Registration Form

Student ID Number _____

Last Name First Name Middle Initial

Gender: Male Female Date of Birth: _____

Ethnicity/Race: Check all that apply: Hispanic Yes/No

American Indian, Alaskan Native Asian Black or African American

Native Hawaiian, Other Pacific Native White

Address:

Number & Street City State Zip

Home Phone No: _____

What is the child's home language? _____

Birthplace: _____

Also needed: Proof of Age and Immunization Record.

List other children in the home:

Name (First & Last) Relationship Date of Birth School

Parent/Guardian Information:

Father In Not in Home Mother In Not in Home

Name _____

Address _____

Home Phone _____

Guardian 1

Guardian 2

Name _____

Relationship _____

Address _____

Home Phone _____