

ALL GOD'S CHILDREN – Preschool Enrollment 2018-2018

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Office Use Only Date ___/___/___ Start Date ___/___/___ Building _____

AM: _____ PM: _____ Teacher: _____

Student Information

Student Legal Name: _____
Last Name First Name Middle Suffix Nickname

Will your child be four years old on (or before) September 15, 2018?

- Yes (continue)
 No (your child is not eligible for the Statewide Voluntary Preschool Program)

Birth Date: ___/___/___ Gender: M F Primary Language: _____
Month Day Year

Student Ethnicity: Is this student Hispanic/Latino? (Choose only one) No Yes (Spanish culture/origin, regardless of race)

Student Race: Check all boxes that apply [] White [] Black/African American [] Asian [] Native Hawaiian/Other Pacific Islander [] American Indian or Alaska Native (origins of the original peoples from North, Central or South America)

Primary Student Address & Phone

Home Phone: (____) _____

Address Apt/Lot# City State Zip County

Parent/Guardian Residing with Student:

Legal Last Name: _____ Legal First Name: _____ Gender: M F

Relationship to Student: _____ Birth Date: ___/___/___ Cell Phone: (____) _____
Month Day Year

Employer: _____ Work Phone (____) _____ Email: _____

Spouse of Parent/Guardian Residing with Student

Legal Last Name: _____ Legal First Name: _____ Gender: M F

Relationship to Student: _____ Birth Date: ___/___/___ Cell Phone: (____) _____
Month Day Year

Employer: _____ Work Phone (____) _____ Email: _____

We have access to the Internet at: [] Home [] Work [] Public Access (library, etc.) [] Other

Parent/Guardian NOT residing with Student (Non-Custodial Parent, etc.)

Legal Last Name: _____ Legal First Name: _____ Gender: M F

Relationship to Student: _____ Birth Date: ___/___/___ Cell Phone: (____) _____
Month Day Year

Employer: _____ Work Phone (____) _____ Email: _____ Spouse Name: _____

Address Apt/Lot# City State Zip

Other Information

- What school district do you live in? _____
- Does this student have an Individualized Education Plan (IEP) and receive special services? Yes No
- Are there any legal restrictions concerning the non-custodial parent? Yes No If yes, please provide legal documentation on any restrictions. Without such legal documentation, we cannot restrict parental visitations or access to student records.
- Name of last school attended: _____ Phone: (____) _____
Address: _____ Fax: (____) _____
City: _____ State: _____ Zip: _____ Attn: _____

Please list the name(s) of all siblings of this student.

Table with 9 columns: Name (first/last), Birth Date, Gender, Grade, Name (first/last), Birth Date, Gender, Grade. Three rows for listing siblings.

All communications will be sent to the address of the student. If the above information changes; please inform the school office in writing as soon as possible. Unless otherwise notified, the above information will be used in school records and communications.

Signature of Parent/Guardian

Date