



Student Name _____

School _____

Student ID# _____

Grade _____

Homeroom _____

RACE/ETHNICITY INFORM0 Td p a0B5

Student Name _____

School _____

Student ID# _____

Grade _____

Homeroom _____

KINDERGARTEN STUDENTS ONLY

27. In the year before Kindergarten, did your child usually spend 5 hours or more per week in a preschool or preschool classroom (such as in a school, Head Start, or childcare center)?.....Yes ..No

28. Name of Preschool _____

FAMILY INFORMATION

Contact phone numbers, address and email addresses will be used to distribute important school and district information. Online access to student records will be provided to each Parent/Responsible Adult listed below.

29. PARENT/RESPONSIBLE ADULT lives with student...Yes ... No (If no, provide full address #, ...Check for mailings)

30. ..Mother ..Father ..Guardian ..Other: _____

31. Legal LastName: _____ 32. Legal FirstName: _____

33. Email Address: _____

34. Address (If Different from Student): _____ Apt # _____

35. City: _____ 36. State: _____ 37. Zip: _____

38. Mail _____

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STUDENT MEDICAL INFORMATION

Student Name _____ School _____
Student ID# _____ Grade _____ Homeroom _____

ADDITIONAL VOLUNTARY INFORMATION TO ASSIST US WITH PLACEMENT AND SUPPORT.
THE FOLLOWING QUESTIONS WILL NOT BE USED AS A BASIS FOR ENROLLMENT.

118. Does your student have a current Individualized Education Plan (IEP) or an Individualized Family Plan (IFSP)?
..... Yes..... No ~~D~~ (9%)

