

LOWELL SCHOOL DISTRICT 71

LOWELL COMMUNITY PRESCHOOL

ENROLLMENT FORM

STUDENT INFORMATION

Full Legal Name: _____
First Middle Last Suffix

Preferred First Name: _____ **Gender:** _____ **Birthdate:** _____
MM / DD / YY

Home Phone: _____ **Grade:** Pre-kindergarten

Home Address: _____
Physical Address – **Not PO Box** City State Zip

Mailing Address: _____
If different from Home Address City State Zip

Place of Birth: _____
City State Country

PARENT INFORMATION

Parent/Responsible Adult: ☐ Mother ☐ Father ☐ Grandparent ☐ Step ☐ Foster ☐ Other _____

Legal Name: _____
First Last Suffix

Living with Student: ☐ Yes ☐ No **Same as Student Home Address (Listed Above):** ☐ Yes ☐ No
If no, please provide full address information below

Home Address: _____
Physical Address – **Not PO Box** City State Zip

Mailing Address: _____
If different from Home Address City State Zip

Home Phone: _____ **Cell Phone:** _____
If different from Student Home Phone (Listed Above) If different from Home Phone Number

Work Phone: _____ **Email Address:** _____

Notification Phone: ☐ Home ☐ Cell ☐ Work ☐ Other _____
Number receiving automated calls and emergency notifications

Parent/Responsible Adult: ☐ Mother ☐ Father ☐ Grandparent ☐ Step ☐ Foster ☐ Other _____

Legal Name: _____
First Last Suffix

Living with Student: ☐ Yes ☐ No **Same as Student Home Address (Listed Above):** ☐ Yes ☐ No
If no, please provide full address information below

Home Address: _____
Physical Address – **Not PO Box** City State Zip

Mailing Address: _____
If different from Home Address City State Zip

Home Phone: _____ **Cell Phone:** _____
If different from Student Home Phone (Listed Above) If different from Home Phone Number

Work Phone: _____ **Email Address:** _____

Notification Phone: ☐ Home ☐ Cell ☐ Work ☐ Other _____
Number receiving automated calls and emergency notifications

EMERGENCY CONTACTS

Emergency Contact: ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other _____

Legal Name: _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

Emergency Contact: ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other _____

Legal Name: _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

AUTHORIZED PICK UP CONTACTS

Contacts other than parents or guardians who are authorized to pick up your student.

Authorized Contact: ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other _____

Legal Name: _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

Authorized Contact: ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other _____

Legal Name: _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

Authorized Contact: ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other _____

Legal Name: _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

Authorized Contact: ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Family Friend ☐ Caseworker ☐ Other _____

Legal Name: _____
First Last Suffix

Home Phone: _____ **Cell Phone:** _____

FAMILY MEMBERS

Please list other children living in the home with your student:

1. _____ 3. _____

2. _____ 4. _____

RACE & ETHNICITY

Federal regulations require all U.S. schools to gather statistical data on students' race and ethnicity. If more than one race is chosen, your student will be reported as multi-racial. **Both race and ethnicity must be filled out.**

Race – select at least one: ☐ Black ☐ Native Hawaiian or Other Pacific Islander **Ethnicity – Hispanic/Latino:** ☐ Yes ☐ No
☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Non-US Native American

HOME LANGUAGE

Which language did this student learn first? ☐ English ☐ Other _____
Which language does this student use most often at home? ☐ English ☐ Other _____
Which language do parents use most often at home? ☐ English ☐ Other _____
Has this student attended school in any other country? ☐ No ☐ Yes _____

If yes, please complete answer Questions 1 and 2

1. When did this student begin school in the US? _____
MM / DD / YY

2. Has this student been in an English Language Learner Program in the US? ☐ Yes ☐ No

If yes, when and where? _____
MM / DD / YY Country

MEDICAL INFORMATION

Student's Doctor: _____
Name Phone

Student's Dentist: _____
Name Phone

Hospital of Choice: _____

Please mark if your student has any of the following conditions:

ADD/ADHD	<input type="checkbox"/>	_____	
Hearing Loss	<input type="checkbox"/>	_____	
Speech Disorder	<input type="checkbox"/>	_____	
Vision Problem	<input type="checkbox"/>	_____	
Allergies	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening
Food Allergies	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening
Asthma	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening
Diabetes	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening
Physical Impairment	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening
Heart Problems	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening
Seizure Disorder	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening
Other	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening

Is your student taking medication? ☐ No ☐ Yes _____

Will your student be taking medication at school? ☐ No ☐ Yes _____

If yes, please fill out an Authorization for Medical Administration form.

PERMISSIONS

Field Trips: My student has permission to go on scheduled field trips included in the program of the school, within the school day. I may decline permission at any time or for any specific field trip.

☐ Yes (I agree to the terms listed above) ☐ No (I do not agree to the terms listed above)

Consent for Treatment: In the event of an accident or illness requiring medical attention, I understand that the school will attempt to notify me and will call for emergency medical services in the case of an injury or illness that is too serious to be treated with standard first aid. I also realize that the school district cannot be responsible for any expenses incurred in the treatment of students.

I consent to treatment, operations, or anesthetics, which may be ordered by my student's care provider or emergency medical personnel.

Parent/Guardian Signature: _____ **Date:** _____
MM / DD / YY

I authorize Lowell School District to record and release media content of my student:

On the school website. ☐ Yes ☐ No

In the school yearbook. ☐ Yes ☐ No

For their class picture. ☐ Yes ☐ No

For other materials. ☐ Yes ☐ No

I authorize Lowell School District to allow news outlets to record and display media content of my student. ☐ Yes ☐ No

EMERGENCY SCHOOL DISMISSAL INSTRUCTIONS

On rare occasions it may be necessary to dismiss students from school early because of an emergency. If that should happen, we recognize that your normal plans for afterschool care may change. Please indicate below what your student should do in this situation. Please talk with your student about the plan to be certain he/she understands what you want them to do. School phone lines are limited. During an emergency it may not be feasible to reach us or we may not be able to communicate emergency plans or changes to you.

Choose one option only:

A. ☐ My student is to follow their regular dismissal plan, as if it were the end of the school day.

B. ☐ My student is to go to the residence of another student.

Student's Name: _____ Student's Grade: _____
First Last

Address: _____ Phone: _____

C. ☐ My student is to go to the residence of another responsible adult.

Adult's Name: _____ Relationship: _____
First Last

Address: _____ Phone: _____

Parent/Guardian Signature: _____ **Date:** _____
MM / DD / YY

SIGNATURE

I verify that the information in this document is true and correct to the best of my knowledge. If it is determined that the address I have provided is false, I acknowledge that my student could be removed from the school immediately.

Parent/Guardian Signature: _____ **Date:** _____
MM / DD / YY