

**LOWELL SCHOOL DISTRICT 71
LOWELL COMMUNITY PRESCHOOL
ENROLLMENT FORM**

STUDENT INFORMATION

Full Legal Name: _____			
First	Middle	Last	Suffix
Preferred First Name: _____		Gender: _____	Birthdate: _____ <small>MM / DD / YY</small>
Home Phone: _____		Grade: <u>Pre-School or Pre-Kindergarten</u>	
Home Address: _____			
<small>Physical Address – Not PO Box</small>		City	State
Zip			
Mailing Address: _____			
<small>If different from Home Address</small>		City	State
Zip			
Place of Birth: _____			
City		State	Country
Last School Attended: _____			
City		State	

PARENT INFORMATION

Parent/Responsible Adult: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Other _____			
Legal Name: _____			
First		Last	Suffix
Living with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Same as Student Home Address (Listed Above): <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>If no, please provide full address information below</small>			
Home Address: _____			
<small>Physical Address – Not PO Box</small>		City	State
Zip			
Mailing Address: _____			
<small>If different from Home Address</small>		City	State
Zip			
Home Phone: _____		Cell Phone: _____	
<small>If different from Student Home Phone (Listed Above)</small>		<small>If different from Home Phone Number</small>	
Work Phone: _____			
Email Address: _____			
Notification Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other _____			
<small>Number receiving emergency notifications</small>			

Parent/Responsible Adult: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Other _____			
Legal Name: _____			
First		Last	Suffix
Living with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No		Same as Student Home Address (Listed Above): <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>If no, please provide full address information below</small>			
Home Address: _____			
<small>Physical Address – Not PO Box</small>		City	State
Zip			
Mailing Address: _____			
<small>If different from Home Address</small>		City	State
Zip			
Home Phone: _____		Cell Phone: _____	
<small>If different from Student Home Phone (Listed Above)</small>		<small>If different from Home Phone Number</small>	
Work Phone: _____			
Email Address: _____			
Notification Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other _____			
<small>Number receiving emergency notifications</small>			

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:** _____

FAMILY MEMBERS

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

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

SERVICES RECEIVED

Is your child receiving services through ECCARES?

☐ Yes ☐ No

If yes, please list services your child is receiving and the name of service coordinator _____

ETHNICITY & RACE

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

Ethnicity – Hispanic/Latino: ☐ Yes ☐ No

Race – select at least one: ☐ Black ☐ Native Hawaiian or Other Pacific Islander
☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Non-US Native American

PERMISSIONS

Field Trips: I understand that transportation to all field trips will be my responsibility, as well as the care and safety of my child for the duration of the field trip. Lowell Community Preschool teachers are not responsible for the care and safety of my child while on field trips.

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 Lowell Community Preschool and Lowell 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

Media: Lowell Community Preschool and Lowell School District may use your child's image in photographs or videos relating to activities, or events involving the program. If you would prefer that the Lowell Community Preschool and Lowell SD not use your child's image, you may opt out.

☐ Check here if you **do NOT** want the Lowell Community Preschool to release your child's image to be included in any public outlet outside of the district, including publications, newspapers, news outlets, magazines, websites, and/or social media relating to the Lowell Community Preschool or Lowell School District.

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"/>	_____	
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
Allergies	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening
Food Allergies	<input type="checkbox"/>	_____	<input type="checkbox"/> Check if Life Threatening

Is your student taking medication? ☐ No ☐ Yes _____

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. 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: _____
MM / DD / YY

SIGNATURE

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

→ PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
MM / DD / YY