LANCASTER CITY PRESCHOOL REGISTRATION

Time Preference: Please check one: ☐AM ☐ PM ☐ Any

Student's *Legal* Name _____ **M/F** ____ **Grade** ____
First **Middle** **Last**

Address _____ **Phone (_)**_____

Date of Birth _____ **Place of Birth: City** _____ **State** _____

Child's Native Language _____

Racial Group (Mark all that apply): ☐**White** ☐ **Hispanic/Latino Heritage**

☐**Asian** ☐ **Black or African American**

☐**American Indian or Alaska Native**

☐**Native Hawaiian or Other Pacific Islander**

Please note: Should the Parent/Guardian choose not to designate the child's racial/ethnic group, the school district will use observer identification and mark the student as necessary. We will communicate this information to the parent/guardian.

FAMILY INFORMATION:

Student is living with:

___ Both Parents ___ Father ___ Mother ___ Guardian ___ Step-Parent ___ Other** ___ Foster Parent *

Student and family who have temporary living arrangements:

____ Shelter _____Unsheltered _____Shared Housing _____Hotel/Motel

If there is a court custody order pertaining to this child, who has custody?

_____ ***(We need a copy of custody papers on file).***

- **Father's Name** _____ **Cell Phone # (__)**_____

Address _____ **Phone (h) # (__)**_____

Employed by _____ **Phone (w) # (__)**_____

E-mail address: _____

- **Mother's Name** _____ ***Last Name*** _____ **Cell Phone # (__)**_____

Mother's Maiden Name _____

Address _____ **Phone (h) # (__)**_____

Employed by _____ **Phone (w) # (__)**_____

E-mail address: _____

- **Foster Parent's Name** _____ **Cell Phone # (__)**_____

Or Guardian's Name _____

Or Step Parent's Name_____

Address _____ **Phone (h) # (__)**_____

Employed by _____ **Phone (w) # (__)**_____

**** Foster child's school district of residence***_____

*****Students MUST have proper court authorization to reside with grandparents or another relative.***

PREVIOUS EDUCATION:

At any time in the past, has your child ever attended or been registered in the Lancaster City Schools?

Yes ____ **No** ____ **If yes, what school?** _____

Last school attended _____

City _____ **State** _____ **Zip Code** _____

STUDENT SERVICES:

1. Has your child had a school psychological evaluation, multi-factored evaluation, or other evaluation? ____ **Yes** ____ **No**

If yes from what school district: _____

2. Does your child have a current IEP (Individualized Education Plan)? ___ Yes ___ No

If yes, do you have a copy? ___ Yes ___ No

3. Has your child been diagnosed with a disability? ____ Yes ____ No **If yes, please check all that apply below:**

___ autism ___ mental health diagnosis ___ speech / language

___ visually impaired ___ hearing impaired ___orthopedically impaired

___ ADHD ___ a child born with a major disability (i.e. Down syndrome, Fragile X, etc.,)

___ health condition (explain) _____

___other (explain) _____

4. Is there any other information regarding your child's education, physical, emotional, family, or legal background that would be helpful for school personnel to know? ___ Yes ___ No **If yes, please provide details:** _____

_____

_____

_____

5. Has your child been enrolled in Head Start or DD preschool programs? If yes please list the county: _____

NAMES AND AGES OF ALL OTHER SCHOOL AGE CHILDREN IN THE HOME:
Please list Grade & Building.

Name _____ **Age** _____ **Grade** _____ **Building** _____

Name _____ **Age** _____ **Grade** _____ **Building** _____

Name _____ **Age** _____ **Grade** _____ **Building** _____

Name _____ **Age** _____ **Grade** _____ **Building** _____

RELEASE OF INFORMATION:

School records may be released, without consent, to other authorized school officials. Records may also be released to other schools to which a student is transferring.

Non-custodial parents have the right to information contained within the student's records *provided* there is no court order to the contrary.

I swear and affirm that the information given on this form is correct; that I am a legal resident of the Lancaster City School district and that this child is in my legal custody.

Signed _____ **Date** _____