

Registration Date \_\_\_\_\_

Student # \_\_\_\_\_

For Office Use

**PIERCE ELEMENTARY SCHOOL                      PRESCHOOL REGISTRATION FORM**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Home telephone \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Mom's cell number \_\_\_\_\_ Dad's cell number \_\_\_\_\_

Would you prefer AM \_\_\_\_\_ or PM \_\_\_\_\_ (Preference will be given first come first serve)

Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_ Must Provide copy of Birth Certificate \_\_\_\_\_

**Ethnicity** – Is the student Hispanic or Latino? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Race:** White, American Indian or Alaska Native, Black or African American, Asian (circle one or more)

Lives with (name and relationship): \_\_\_\_\_

Resident of Pierce Public Schools Dist. 2? yes \_\_\_\_\_ no \_\_\_\_\_  
(Preference will be given to students who reside in the district)

If no, what is the school district of residence \_\_\_\_\_

Has your child been enrolled or attended any other Pre-School? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the Name of the previous school? \_\_\_\_\_

Father's name \_\_\_\_\_ Address \_\_\_\_\_

Occupation/ Employer \_\_\_\_\_ Business Telephone \_\_\_\_\_

Mother's name \_\_\_\_\_ Address \_\_\_\_\_

Occupation /Employer \_\_\_\_\_ Business Telephone \_\_\_\_\_

Guardian (if different) \_\_\_\_\_ Address \_\_\_\_\_

Occupation /Employer \_\_\_\_\_ Business Telephone \_\_\_\_\_

**Does student require services in:** Speech \_\_\_\_\_ 504 \_\_\_\_\_ Title \_\_\_\_\_ SpEd. \_\_\_\_\_ OT \_\_\_\_\_ PT \_\_\_\_\_

**Brothers and Sisters:**

Name

Birthdate

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Emergency contact name \_\_\_\_\_ Telephone \_\_\_\_\_  
(other than parent/guardian)

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Are you on a rural bus route: Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
(Signature)