



**ZEELAND PUBLIC SCHOOLS  
ENROLLMENT FORM – PRESCHOOL**

DATE \_\_\_\_\_ ZEELAND RESIDENT BOUNDARY SCHOOL \_\_\_\_\_ If no, which district \_\_\_\_\_

STUDENT'S FULL LEGAL NAME \_\_\_\_\_  
Last First Middle Nickname

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

GENDER:  MALE  FEMALE DATE OF BIRTH \_\_\_\_\_ PHONE \_\_\_\_\_

**EARLY EDUCATION EXPERIENCE**

Does your child currently have an IEP or IFSP?  Yes  No  
Special Education? (ECSE, ASD, Infant Toddler, Early On)  Yes  No If yes, where? \_\_\_\_\_

**RACE & ETHNICITY: NOTE BOTH PARTS OF THIS QUESTION MUST BE ANSWERED:**

**ETHNICITY:** Is this student Hispanic/Latino? (choose one only)

- No, not Hispanic or Latino  
 Yes, Hispanic or Latino (*A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture, regardless of race*)

**RACE:** The question above is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more choices to indicate what you consider the student's race to be (required to meet state reporting guidelines).

- American Indian/Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

Is your child's native tongue a language other than English?  Yes  No  
Is the primary language spoken in your child's home a language OTHER THAN English?  Yes  No  
If yes, what language? \_\_\_\_\_ Has your child previously received ELL/ESL services?  Yes  No If yes, where? \_\_\_\_\_  
**If your child was born outside the USA**, is he/she a refugee?  Yes  No If yes, country of immigration? \_\_\_\_\_  
When did he/she ARRIVE in the US? \_\_\_\_/\_\_\_\_/\_\_\_\_ When did he/she FIRST ATTEND a US school? \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT/LEGAL GUARDIAN NAMES:**

\_\_\_\_\_  
Last/First – PRIMARY HOUSEHOLD E-mail  
\_\_\_\_\_  
Employer Name Work Phone #  
\_\_\_\_\_  
Home Phone# Cell Phone #  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Last/First – PRIMARY HOUSEHOLD E-mail  
\_\_\_\_\_  
Employer Name Work Phone #  
\_\_\_\_\_  
Home Phone # Cell Phone #  
\_\_\_\_\_  
City/Zip

\_\_\_\_\_  
Last/First – SECONDARY HOUSEHOLD E-mail  
\_\_\_\_\_  
Employer Name Work Phone #  
\_\_\_\_\_  
Home Phone# Cell Phone #  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Last/First – SECONDARY HOUSEHOLD E-mail  
\_\_\_\_\_  
Employer Name Work Phone #  
\_\_\_\_\_  
Home Phone # Cell Phone #  
\_\_\_\_\_  
City/Zip

Is either parent actively serving in the military?  Yes  No Which branch? \_\_\_\_\_

**SIBLING INFORMATION:** Please list below siblings in the family who are living at home (ages 0-19)

Name	Birthdate	Gender	Grade	School Building
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**EMERGENCY CONTACT INFORMATION:**

Please list in order additional emergency contacts if parents cannot be reached:

Emergency Contact Name	Relationship to Student	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MEDICAL INFORMATION:**

Medically diagnosed/physician treated conditions: *(include only those under a doctor's care)* \_\_\_\_\_  
\_\_\_\_\_

Will prescribed medications be required at school? \_\_\_ Yes \_\_\_ No *(forms can be obtained from school office and must be completed by child's physician)*

Are you interested in childcare through our ZPS program? \_\_\_Yes \_\_\_No

Permission for my child to attend field trips: \_\_\_ Yes \_\_\_ No

**Please Read and Sign** - Information on this form will be kept confidential and released only according to the Family Rights and Privacy Act.

We/I agree to absolve Zeeland Public Early Childhood from all financial responsibility in case of injury or illness of our/my child, or in case of property damage incurred by our/my child. I authorize Zeeland Public Schools to share medical information for my child with staff members that are in contact with him/her.

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Signature (Legal Parent/Guardian)	Relationship to Student	Date
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