



**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

Last/First – PRIMARY HOUSEHOLD E-mail

Employer Name Work Phone #

Employer Name Work Phone #

Home Phone# Cell Phone #

Home Phone # Cell Phone #

Address

City/Zip

Last/First – SECONDARY HOUSEHOLD E-mail

Last/First – SECONDARY HOUSEHOLD E-mail

Employer Name Work Phone #

Employer Name Work Phone #

Home Phone# Cell Phone #

Home Phone # Cell Phone #

Address

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.

Signature (Legal Parent/Guardian)	Relationship to Student	Date
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