



Avenue City Elementary Preschool Registration Form 2024-2025

STUDENT DATA:

Name (first, middle, last): Social Security #: Date of Birth: Male/Female Age: Home Phone # Mailing Address: City, State, Zip: Ethnic Code: Circle One 1. White 2. American Indian/Alaska Native 3. Asian 4. Black/African American 5. Hispanic of Any Race 6. Native Hawaiian/Other Pacific Islander 7. Multi-Racial

PARENTS' / GUARDIANS' DATA:

Mother's Name: Employer: Home Address: (if different than above; mailing address, city, state, zip) Email: Home Phone #: Cell #: Work #: Father's Name: Employer: Home Address: (if different than above; mailing address, city, state, zip) Email: Home Phone #: Cell #: Work #:

PARENT SURVEY

- Q1 List people & ages of others living in the home: Q2 If divorced, who has legal custody? Q3 Has a member of the family moved with the child(ren) within the past three years to seek or obtain temporary or seasonal agricultural or food processing work? Q4 Is the student's primary language something other than English? Q5 Is a language other than English used by others in the home? Q6 Have you moved to the U.S. from another country? Q7 Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Q8 Are you currently residing at a motel, hotel, trailer parks, or camping grounds due to the lack of alternative adequate accommodations? Q9 Are you currently living in a car, park, public space, abandoned buildings, substandard housing, bus or train station or similar setting? Q10 Are you currently residing in an emergency or transitional shelter? Q11 Is your primary nighttime residence a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings? Q12 Has the student been abandoned in a hospital? Q13 I am aware that my child may participate in MOCAP program. I can get information from district office.

Parent/Guardian Signature Date

EMERGENCY INFORMATION: *In the event that your child has an accident or becomes ill at school, every reasonable effort will be made to call the parents first. However, **if a parent cannot be contacted** please list two individuals who may be contacted to take care of your child.

1. Name: _____	Relationship to the child: _____	
Home Phone #: _____	Cell #: _____	Work #: _____
2. Name: _____	Relationship to the child: _____	
Home Phone #: _____	Cell #: _____	Work #: _____

FIELD TRIP PERMISSION:

I give my permission for my student, _____ to attend any Avenue City Elementary School field trip during school hours during the school year. Student handbook policies will be followed during all field trips.

Signature of Parent: _____ Date: _____

FOOD ALLERGIES OR OTHER MEDICAL CONDITIONS:

Please list any food allergies or other medical conditions the school district needs to know about your child. Additional information may be requested from the school nurse.

PARENT'S COMMENTS:

Student Will Be Attending:

_____ All Week _____ Monday, Wednesday, & Friday _____ Tuesday & Thursday

Please make any comments here that would help us better serve your child:

FOR OFFICE PERSONNEL ONLY:

Application Received Date: _____ Time: _____

The Student Lives (Check one) In District _____ Out of District _____

\$50.00 Registration Deposit Received _____ Yes _____ No