



# Frederick Area Preschool/JK Registration Form

## Student Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Is English the primary language spoken in the home? YES  NO  If no, what language is spoken? \_\_\_\_\_

Does this student reside within the Frederick Area School District? YES  NO  If no, which district? \_\_\_\_\_

Does you wish to utilize district transportation to school? YES  NO

Student will attend: Full Day Session  Half-Day Session

## Parent/Guardian Information

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell): \_\_\_\_\_ Married? YES  NO  Spouse Name (if different than below): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell): \_\_\_\_\_ Married? YES  NO  Spouse Name (if different than above): \_\_\_\_\_

## Emergency Contact

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_  
Address: \_\_\_\_\_

## Student Learning Needs:

Does this student have a current IEP for special education? YES  NO

Do you have any academic or behavioral concerns:

## Parent/Guardian Signature

*I certify that my answers are true and complete to the best of my knowledge. Applicants will be informed of placements as of May 15.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*District Use Only:*

Date Application Received	Time Application Received	Recipient Signature