

PRESCHOOL STUDENT PROFILE

To be completed by parent of applicant

Date: _____

Full Legal Name of Child: _____

Nickname: _____ Date of Birth: _____ Male Female

Social Security Number: _____

Home Address: _____

Home Phone: _____ School District in which child resides: _____

Ethnic background (for accreditation purposes) African Asian Caucasian Hispanic Native American

Other: _____

Applying for:

Preschool (Leola Campus only) (3 half days only – Monday, Wednesday, and Friday)

Pre-Kindergarten How many days? 2 full days (Tues & Thurs) 3 half days (Mon, Weds, & Fri)

Please check off all that apply in terms of strengths and/or particular needs or concerns that would be of value to the teacher in our accommodation of your son/daughter as a student.

Developmental Program for Preschool (S. June Smith, etc.) Current IEP

Hearing Limitations Speech Limitations Physical Limitations

Has your child received any support services within the past? No Yes

If yes, please explain: _____
