

2023-2024 School Year

**Campbellsville Independent School District
Preschool Enrollment Form**

Student's Legal Name: _____

Date of Birth _____ Race _____ Gender _____

Parent/Guardian Name: _____ Phone Number: _____

Address: _____

Other children living at the same address as student (include all children regardless of age)

First Name	Middle (Full)	Last Name	Date of Birth	Age	Gender	Relation to Student	School Attending

Emergency Contacts

Name: _____ Relationship to child: _____ Phone # _____

Name: _____ Relationship to child: _____ Phone # _____

I give permission for my child to:

___ attend field trips

___ Media Release

___ I understand I am responsible for lost or damaged school property

Student Previous School Information

Last School Attended _____

School Phone (____) _____ Counselor Name: _____

City, State, Zip _____ Grade _____ School Year _____

Is your child presently under an expulsion order from any other school district? Y N

Is your child presently under consideration for expulsion? Y N

Is your child presently involved in the Juvenile Justice system? Y N

Special Services Information

Is your child receiving special education services? Y N

Does your child have a current 504 plan? Y N

Does your child take any medication(s) regularly? _____ Yes _____ No (If "yes", please explain)

Parent/Guardian Signature _____ Date _____

(Do not sign this form if any of the statements are incorrect)

OFFICE USE ONLY:

___ MTSS _____ Full Time Teacher: _____