



Lancaster City Preschool
Lancaster City Schools
425 Whittier Drive
Lancaster, Ohio 43130-4376



Brianna Rife
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740.687.7340
Fax 740.687.7208

Dear Parents,

Welcome to Lancaster City Schools Preschool! To register your student for preschool we will need the following information:

- ❖ Registration Form
- ❖ 2023 Income Verification (Proof of income can be the 2023 tax return, we only need the page of the federal that shows the adjusted gross income, OWF Award letter, Social Security Benefit letter, SNAP assistance letter, etc.)
- ❖ Birth Certificate
- ❖ Parent ID (driver's license, state issued identification card, etc.)
- ❖ Two proofs of residency (lease, contract, utility bill or any bill mailed to the house within the last 30 days).
- ❖ Child Immunizations
- ❖ Copy of Custody papers (if applicable)

The preschool office hours are 7:45 AM to 4:15 PM. If you have any questions or concerns, please feel free to call the preschool office at 740-687-7340.

Sincerely,

A handwritten signature in black ink that reads 'Brianna Rife'.

Brianna Rife
Preschool Supervisor



LANCASTER CITY PRESCHOOL REGISTRATION

Time Preference: Please check one: AM PM Any

Student's Legal Name _____ M/F _____ Grade _____
First Middle Last

Address _____ Phone () _____

Date of Place of Birth _____ Birth: City _____ State _____

Child's Native Language _____

Racial Group (Mark all that apply):

- White Hispanic/Latino heritage Asian Black or African American American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

Please note: Should the Parent/Guardian choose not to designate the child's racial/ethnic group, the school district will use observer identification and mark the student as necessary. We will communicate this information to the parent/guardian.

FAMILY INFORMATION:

Student is living with:

___ Both Parents ___ Father ___ Mother ___ Guardian ___ Step-Parent ___ Other** ___ Foster Parent *

Student and family who have temporary living arrangements:

___ Shelter ___ Unsheltered ___ Shared Housing ___ Hotel/Motel

If there is a court custody order pertaining to this child, who has custody? _____

(We need a copy of custody papers on file).

• Father's Name _____ Cell Phone # () _____
 Address _____ Phone (w) # () _____
 Employed by _____ Email _____

• Mother's Name _____ Cell Phone # () _____
 Mother's Maiden Name _____ Phone (w) # () _____
 Address _____ Email _____
 Employed by _____

• Foster Parent's Name _____ Cell Phone # () _____
 Or Guardian's Name _____ Phone (w) # () _____
 Or Step Parent's Name _____ Email _____
 Address _____ Cell Phone # () _____
 Employed by _____ Phone (w) # () _____

* Foster child's school district of residence _____

**Students MUST have proper court authorization to reside with grandparents or another relative.

PREVIOUS EDUCATION:

At any time in the past, has your child ever attended or been registered in the Lancaster City Schools?

Yes ___ No ___ If yes, what school? _____

Last school attended: City _____ State _____ Zip Code _____

STUDENT SERVICES:

1. Has your child had a school psychological evaluation, multi-factored evaluation, or other evaluation? ___ Yes ___ No **If yes from what school district:** _____

2. Does your child have a current IEP (Individualized Education Plan)? ___ Yes ___ No

If yes, do you have a copy? ___ Yes ___ No

3. Has your child been diagnosed with a disability? ___ Yes ___ No **If yes, please check all that apply below:**

___ autism ___ mental health diagnosis ___ speech / language

___ visually impaired ___ hearing impaired ___ orthopedically impaired

___ ADHD ___ a child born with a major disability (i.e. Down syndrome, Fragile X, etc.) ___ health condition

(explain) _____ other (explain)

4. Is there any other information regarding your child's education, physical, emotional, family, or legal background that would be helpful for school personnel to know? ___ Yes ___ No **If yes, please provide details:**

5. Has your child been enrolled in Head Start or DD preschool programs? If yes please list the county: _____

NAMES AND AGES OF ALL OTHER SCHOOL AGE CHILDREN IN THE HOME: Please list Grade & Building.

Name _____ Age _____ Grade _____ Building _____

Name _____ Age _____ Grade _____ Building _____

Name _____ Age _____ Grade _____ Building _____

Name _____ Age _____ Grade _____ Building _____

RELEASE OF INFORMATION:

School records may be released, without consent, to other authorized school officials. Records may also be released to other schools to which a student is transferring.

Non-custodial parents have the right to information contained within the student's records *provided* there is no court order to the contrary.

I swear and affirm that the information given on this form is correct; that I am a legal resident of the Lancaster City School district and that this child is in my legal custody.

Signed: _____ **Signed Date:** _____