HOOSAC VALLEY ELEMENTARY
14 COMMERCIAL ST
ADAMS, MA 01220

PRESCHOOL APPLICATION

Office use Only
Date Received: _____
Confirmation: _____
Registered: _____

Child's Information:

Child's full name: _____
First Middle Last

Date of Birth: _____ City/Town of Birth: _____ Gender: ☐ Male ☐ Female

Address: _____

Mailing (if different) : _____

Parent Information:

Parent #1: _____
Phone: _____ Email: _____

Parent #2: _____
Phone: _____ Email: _____

Address if different from student: _____

Information about your family:

How many people live in your household? _____
How many children do you have? _____ What are their grades and what schools do they attend: _____
_____
_____

Is your preschool child currently attending Head Start or another childcare or preschool program?
☐ YES ☐ NO Program Name: _____
Did a physician or social worker recommend that you apply for preschool? ☐ YES ☐ NO
Do you speak a language other than English ☐ YES ☐ NO
Are you an immigrant of refugee (within 10 years) ☐ YES ☐ NO

What else would you like us to know about your child? _____
_____
_____

Do you have any concerns about your child's development? _____
_____
_____

Signature of Parent: _____
Today's Date: _____

The Hoosac Valley Regional School District strives to provide a safe, respectful, and supportive learning environment in which all students can thrive and succeed in its schools. HVRSD prohibits discrimination on the basis of race, color, sex, gender identity, religion, national origin, sexual orientation, homelessness, or disability and ensures that all students have equal rights of access and equal enjoyment of the opportunities, advantages, privileges, and courses of study.