Lancaster City Preschool

Lancaster City Schools

425 Whittier Drive
Lancaster, Ohio 43130-4376

Brianna Adkins
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740.687.7340
Fax 740.687.7208

Dear Parents and/or Guardians,

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

- ❖Registration Form
- ❖Income Verification - paystubs for last 30 days
- ❖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,

Brianna Adkins
Preschool Supervisor

LANCASTER CITY PRESCHOOL REGISTRATION

Time Preference: Please check one: ☐AM ☐ PM ☐ Any

Student's *Legal Full* Name _____ **M/F** _____ **Grade** _____

Address _____ **Phone (__)**_____

Date of Birth: _____ **Place of 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:** _____