

# AU SABLE VALLEY CENTRAL SCHOOL DISTRICT

## PRE-KINDERGARTEN ENROLLMENT FORM

Date Rec'd \_\_\_\_\_

ID# \_\_\_\_\_

Site \_\_\_\_\_  
For Office Use only

Student's Name:  
(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Date entering: \_\_\_\_/\_\_\_\_/\_\_\_\_

Students Physical Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Where is the Student currently living? (Please check 1)

- In permanent housing with  
 Father only  Mother only  Both  Foster Parents  Other
- In a shelter
- With another family or person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled up")
- In a hotel/motel
- In a car, park, bus, train or campsite
- Other temporary living situation (Please describe): \_\_\_\_\_

Ethnicity (Voluntary):

Hispanic (circle one) yes no

Race: (circle one) American Indian or Alaska native Asian Black or African American Native

Hawaiian/Other Pacific Islander White

### Parent/Guardian Information:

Mr.  Mrs.  Ms.  Miss  Natural Father/Mother  Step Father/Mother  Guardian  Foster Parent  Grandparent  Other

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mr.  Mrs.  Ms.  Miss  Natural Father/Mother  Step Father/Mother  Guardian  Foster Parent  Grandparent  Other

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of employment: \_\_\_\_\_ Work phone: \_\_\_\_\_

Who has legal custody of this child with documentation? (provide documentation if applicable) \_\_\_\_\_

**Person(s) to be contacted in case of emergency (if parent cannot be reached): Only these people will be able to sign out your child, unless stated by written note.**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

**Emergency Closing Information: Person(s) to be contacted in case of emergency (if parent cannot be reached):**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Relationship \_\_\_\_\_

**Proof of Residency**

Proof of residency within the AuSable Valley Central School is required at the time of student registration. Please note that 2 forms of residency verification are needed, one from group 1 and one from group 2. Proof of residency must include name and address of a parent/guardian and must be dated within the last 30 days. Items must have a physical address, items with a P.O. box are not a valid proof of residency.

**Group 1** \_\_\_ Copy of residential lease, deed or mortgage \_\_\_ Contract for purchase of home \_\_\_ Affidavit by a third party landlord, owner or tenant

**Group 2** \_\_\_ Utility bill (electric, gas, fuel, cable) \_\_\_ Voter registration card \_\_\_ Car or home insurance policy (current) \_\_\_ Tax bill

\_\_\_ Social Security statements \_\_\_ Income tax forms \_\_\_ DSS documents \_\_\_ Payroll stub

**Census Information:**

Number in Household including adults: \_\_\_\_\_

List names of all other Children in household:

1. Name \_\_\_\_\_ DOB \_\_\_\_\_ Birthplace \_\_\_\_\_ Male/Female \_\_\_\_\_

If in school: Building \_\_\_\_\_ Grade \_\_\_\_\_

2. Name \_\_\_\_\_ DOB \_\_\_\_\_ Birthplace \_\_\_\_\_ Male/Female \_\_\_\_\_

If in school: Building \_\_\_\_\_ Grade \_\_\_\_\_

3. Name \_\_\_\_\_ DOB \_\_\_\_\_ Birthplace \_\_\_\_\_ Male/Female \_\_\_\_\_

If in school: Building \_\_\_\_\_ Grade \_\_\_\_\_

4. Name \_\_\_\_\_ DOB \_\_\_\_\_ Birthplace \_\_\_\_\_ Male/Female \_\_\_\_\_

If in school: Building \_\_\_\_\_ Grade \_\_\_\_\_

**The following information is required for grant purposes and must be filled out****Number in Household** \_\_\_\_\_**Household income:**

\_\_\_ \$0-11,770 \_\_\_ \$11,771-15,930 \_\_\_ \$15,931-20,089 \_\_\_ \$20,090-24,249 \_\_\_ \$24,250-24,809 \_\_\_ \$24,810-32,569

\_\_\_ \$32,570-36,729 \_\_\_ \$36,730-40,889 \_\_\_ \$40,890-45,049 \_\_\_ \$45,050-49,203 \_\_\_ \$49,204-or more

**Foster Care:** \_\_\_ Yes \_\_\_ No**Social Services Received:**

\_\_\_ TANF (Temporary Assistance for Needy Families) \_\_\_ SNAP (Supplemental Nutrition Assistance Program) \_\_\_ MD (Medicaid)

Does anyone in the household receive SSI? \_\_\_ Yes \_\_\_ No If so, who? \_\_\_\_\_

Did your child participate in a preschool, Pre-K, or Head Start Program? If so, which one? \_\_\_\_\_

If not, did your child participate in Daycare? \_\_\_ Yes \_\_\_ No If so, was the daycare registered? \_\_\_ Yes \_\_\_ No \_\_\_ Don't know

Does your child have an IEP through CPSE or early education services? \_\_\_ Yes \_\_\_ No

Do you have any health concerns regarding your child's development?

\_\_\_ Yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any special needs? \_\_\_\_\_

\_\_\_\_\_

**Picture Permission**

During the school year, informal photographs are occasionally taken of the children in their classrooms. In addition, at times classes are videotaped for student teacher evaluations and for classroom activities.

\_\_\_ Yes, I give my permission for my child to have his/her picture taken for display at school, on the school website, in the media (Television, Newspaper, etc.) and in the yearbook.

\_\_\_ Yes, I give my permission for my child to be videotaped for student teacher evaluations and for classroom activities.

\_\_\_ No, I do not give my permission for my child to have his/her picture taken for display at school, on the school website, in the media (Television, Newspaper, etc.) and in the yearbook.

\_\_\_ No, I do not give my permission for my child to be videotaped for student teacher evaluations or for classroom activities.

**My signature attests that the information I have provided is accurate. I understand that if I provided inaccurate information about my district of residence or if I move out of the AVCS district, that my child may be removed from the AVCS district and will have to attend at his/her district of residence.**

\_\_\_\_\_
  
Date\_\_\_\_\_
  
Signature of Parent or Guardian