

Preschool: _____

Today's Date: _____

Enrollment Date: _____

Bettendorf Preschools Student Enrollment Form

Please Print

STUDENT INFORMATION				
Students Full Legal Name (Last,First,Middle)		Birth Date	Ethnicity Is student Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	
Nickname		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Student's Race (choose one or more)	
PARENT/GUARDIAN INFORMATION - PRIMARY Household				
Same address & phone as student				
Address (Street Address, City, State, Zip)		Home Phone	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian	
Name		Relationship (circle) Mother Father Stepmother Stepfather Guardian Other(specify)		
Place of Employment	Work Phone	Cell Phone	Email	
Name		Relationship (circle) Mother Father Stepmother Stepfather Guardian Other(specify)		
Place of Employment	Work Phone	Cell Phone	Email	
HOUSEHOLD INFORMATION				
Please list all siblings in household IF they attend Bettendorf School District schools				
Name				
Relationship		Birthdate		
Gender	Grade	Bettendorf school student attends		
Name				
Relationship		Birthdate		
Gender	Grade	Bettendorf school student attends		
Name				
Relationship		Birthdate		
Gender	Grade	Bettendorf school student attends		
Resident School District				
<input type="checkbox"/> Bettendorf <input type="checkbox"/> Pleasant Valley		<input type="checkbox"/> North Scott <input type="checkbox"/> Davenport		<input type="checkbox"/> Other Program requires home visits each school year

Yes ___ No ___ I consent for my child's preschool teacher/preschool to share information with his/her kindergarten teacher/school.

ParentGuardian Signature Date