

Preschool: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

### Bettendorf Preschools Student Enrollment Form

**Please Print**

#### STUDENT INFORMATION

Students Full Legal Name (Last,First,Middle)	Birth Date	<b>Ethnicity</b> Is student Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Student's Race</b> (choose one or more)		

Nickname	Gender <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> White
<b>PARENT/GUARDIAN INFORMATION - PRIMARY Household</b>		
<b>Same address &amp; phone as student</b>		
Address (Street Address, City, State, Zip)	Home Phone	<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)		
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Place of Employment	Work Phone	Cell Phone	Email
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Name	Relationship (circle) Mother Father Stepmother Stepfather Guardian Other(specify)		
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Place of Employment	Work Phone	Cell Phone	Email
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#### HOUSEHOLD INFORMATION

Please list all siblings in household **IF** they attend **Bettendorf School District** schools

Name
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Relationship	Birthdate
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Gender	Grade	Bettendorf school student attends
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Name
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Relationship	Birthdate
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Gender	Grade	Bettendorf school student attends
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Name
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Relationship	Birthdate
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Gender	Grade	Bettendorf school student attends
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<b>Resident School District</b>			Program requires home visits each school year
<input type="checkbox"/> Bettendorf	<input type="checkbox"/> North Scott	<input type="checkbox"/> Other	
<input type="checkbox"/> Pleasant Valley	<input type="checkbox"/> Davenport		

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

\_\_\_\_\_  
ParentGuardian Signature Date