

Preschool: _____

Bettendorf Preschools Student Enrollment Form

Today's Date: _____

Enrollment Date: _____

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
		Student's Race (choose one or more)

Nickname	Gender <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> White
PARENT/GUARDIAN INFORMATION - PRIMARY Household		
Same address & phone as student		
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

Relationship	Birthdate
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Gender	Grade	Bettendorf school student attends
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Name

Relationship	Birthdate
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Gender	Grade	Bettendorf school student attends
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Name

Relationship	Birthdate
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Gender	Grade	Bettendorf school student attends
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Resident School District			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