



Ashland-Greenwood Public Schools
Early Childhood Program New Student Application
2023 - 2024 School Year

Student Name (Last, First, Middle)							
Street Address							
Mailing Address							
Home Phone (###-###-####)*							
Gender	Check one Male Female						
Date of Birth (MM/DD/YYYY)							
My child was born	Full Term Baby (37 or more weeks gestation) Premature (before 37 weeks gestation)						
Birth Weight	Did your child weigh less than 5 pounds at birth? Yes No						
Age of Parents at child's birth	Mother: _____ Father: _____						
Preferred Session <i>(Note: we will do our best to honor requests)</i>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Morning 8:00am-11:20am</td> <td style="text-align: center;">Afternoon 12:00pm - 3:20pm</td> <td style="text-align: center;">No preference <i>(can make either work)</i></td> </tr> </table>	Morning 8:00am-11:20am	Afternoon 12:00pm - 3:20pm	No preference <i>(can make either work)</i>			
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Ethnic Origin (check all that apply)	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">American Indian or Alaska Native</td> <td style="width: 40%;">Asian</td> </tr> <tr> <td>Native Hawaiian/Other Pacific Islander</td> <td>White</td> </tr> <tr> <td>Black or African American</td> <td></td> </tr> </table>	American Indian or Alaska Native	Asian	Native Hawaiian/Other Pacific Islander	White	Black or African American	
American Indian or Alaska Native	Asian						
Native Hawaiian/Other Pacific Islander	White						
Black or African American							
Is the student Hispanic or Latino	Yes No						

**Phone numbers are automatically added to the district alert system. By signing this document, you have opted in to the alert system used to relay emergency information.*

Parent/Guardian Information

Father's Name		Mother's Name	
Employer		Employer	
Day Phone (### ### ####)		Day Phone (### ### ####)	
Cell Phone (### ### ####)		Cell Phone (### ### ####)	
Email Address		Email Address	
Highest Level of Education		Highest Level of Education	

Emergency Contact Information

Contact #1 Name & Relation to Child		Contact #2 Name & Relation to Child	
Phone (### ### ####)		Phone (### ### ####)	

Other Information

Is the student a Ward of the Court or has he/she been in foster care?	Yes No If yes, case worker name: _____
Do you speak a language other than English in the home?	Yes No If yes, what language? _____
Has this student been receiving Special Education?	Yes No
Do you have any concerns about your child's development?	Yes No If yes, please describe: _____ _____

Medical Information

Doctor Name & Phone #	
Dentist Name & Phone #	
Medical Needs/Considerations	
Allergies	
Medications Given at Home	
Medications Given at School	

Please list all students residing within your household (ages 0-21).

Name	Date of Birth	Age	Gender	Relationship

Parents/Guardians: Your signature verifies the accuracy of this information and authorizes its use by Ashland-Greenwood Public Schools and its personnel for internal purposes. I have examined, read and agree to all information and statements on this document. My signature below acknowledges my agreement to the accuracy of information provided.

Signature: _____ Dated: _____

**** Please include a copy of your child's birth certificate.**

Turn in application & all additional paperwork to Ashland-Greenwood Elementary office.

Date received by district: