



Ashland-Greenwood Public Schools Early Childhood Program New Student Application

Student Name (Last, First, Middle)	
Street Address	
Mailing Address	
Home Phone (###-###-####)*	
Gender	Check one <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (MM/DD/YYYY)	
My child was born	<input type="checkbox"/> Full Term Baby (37 or more weeks gestation) <input type="checkbox"/> Premature (before 37 weeks gestation)
Birth Weight	Did your child weigh less than 5 pounds at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No
Age of Parents at child's birth	Mother: _____ Father: _____
Preferred Session <i>(Note: we will try our best to honor requests)</i>	<input type="checkbox"/> Morning 8:15am-11:15am <input type="checkbox"/> Afternoon 12:15pm - 3:20pm
Ethnic Origin (check all that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Is the student Hispanic or Latino	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, case worker name: _____
Do you speak a language other than English in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____
Has this student been receiving Special Education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about your child's development?	<input type="checkbox"/> Yes <input type="checkbox"/> 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. ****