



**Ashland-Greenwood Public Schools**  
**Early Childhood Program New Student Application**  
**2021 - 2022 School Year**

<b>Student Name</b> (Last, First, Middle)	
<b>Street Address</b>	
<b>Mailing Address</b>	
<b>Home Phone</b> (###-###-####)*	
<b>Gender</b>	Check one <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of Birth</b> (MM/DD/YYYY)	
<b>My child was born</b>	<input type="checkbox"/> Full Term Baby (37 or more weeks gestation) <input type="checkbox"/> Premature (before 37 weeks gestation)
<b>Birth Weight</b>	Did your child weigh less than 5 pounds at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Age of Parents at child's birth</b>	Mother: _____                      Father: _____
<b>Preferred Session</b> <i>(Note: we will do our best to honor requests)</i>	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> No preference 8:00am-11:20am                      12:00pm - 3:20pm <i>(can make either work)</i>
<b>Ethnic Origin</b> (check all that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black or African American
<b>Is the student Hispanic or Latino</b>	<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**

<b>Father's Name</b>		<b>Mother's Name</b>	
<b>Employer</b>		<b>Employer</b>	
<b>Day Phone</b> (###-###-####)		<b>Day Phone</b> (###-###-####)	
<b>Cell Phone</b> (###-###-####)		<b>Cell Phone</b> (###-###-####)	
<b>Email Address</b>		<b>Email Address</b>	
<b>Highest Level of Education</b>		<b>Highest Level of Education</b>	

## Emergency Contact Information

<b>Contact #1 Name &amp; Relation to Child</b>		<b>Contact #2 Name &amp; Relation to Child</b>	
<b>Phone</b> (###-###-####)		<b>Phone</b> (###-###-####)	

## Other Information

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

## Medical Information

<b>Doctor Name &amp; Phone #</b>	
<b>Dentist Name &amp; Phone #</b>	
<b>Medical Needs/Considerations</b>	
<b>Allergies</b>	
<b>Medications Given at Home</b>	
<b>Medications Given at School</b>	

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:**

--