West Marshall Community School District Enrollment Form

General Information: Birthdate_____ Student's Legal Name_____ Male/Female Nickname_____ Student's grade_____ Did this student attend preschool? Mother's Name_____ Home Phone_____ Address PO Box____ Cell Phone_____ City, State, Zip_____ Work Phone_____ Mother's Place of Employment_____ Email Addresses____ Father's Name_____ Home Phone_____ Address_____PO Box___ Cell Phone_____ City, State, Zip_____ Work Phone_____ Father's Place of Employment_____ Email Addresses Emergency Numbers(other than parent/guardian) Please provide 2 if possible. Name______ Relationship to student_____ Phone Number_____ Name______ Relationship to student_____ Phone Number_____ Doctor_____ Phone Number____

Dentist_____ Phone Number____

If Divorced, Who has custody of the child?

Single/Married/Divorced/Widowed

Marital Status of Parents (circle one)

Other Family Members and Ages
Can your child dress independently? use the bathroom independently? Right of Left handed? speech/vision/hearing concerns?
Please share with us any other information that would be beneficial to the teachers and staff that might help with your child's academic needs and development
Please share any medical concerns that that would be beneficial to the teachers and staff
The following questions are for preschool parents only: We will try to comply to all requests if possible depending on enrollment. This does not guarantee a specific classroom or time. Would you prefer a morning or afternoon class
Is there other students that will attend preschool that you plan to carpool with? If so please list them below:
Transportation is available if you live or have daycare in our district and reside in a location where transportation is available There is a charge for mid-day transportation for three year old preschool students. At this time do you believe that you will have a need for mid-day preschool transportation? If you are in need of mid-day transportation, where will your child be picked up/dropped off?
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