

CONFIDENTIAL

Office Use Only:	
ID# _____	Birth Cert.# _____
Database Entry by: _____	Date _____ Start Date: _____
Immunization: Y or N _____	Building _____
School Fees: Y or N _____	

**Johnston Community School District
Preschool Registration Form
2013-2014** (please print when filling out this form)

Student Information

Student Legal Name _____
Legal Last Legal First Middle Nickname

Gender: M F Birthdate: ____/____/____ Birth Country: _____ Grade: Preschool
Month Day Year (if not USA)

Date Entered US: ____/____/____ 1st Date Entered US School: ____/____/____
Month Day Year Month Day Year

Student's Primary Language: _____ Language spoken at home: _____

Student Ethnicity: Is this student Hispanic/Latino? Yes or No (Spanish culture/origin, regardless of race)

Student Race: (check all that apply) White Black/African American Native American/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander

Permission for student to participate in field trips? Yes or No

Primary Household Information (Parent/Guardian Residing with student)

Address _____ Apt/Lot# _____ City _____ State _____ Zip _____ Home Phone _____

Parent/Guardian Residing with Student:

Legal Last Name _____ Legal First Name _____ Gender: M or F

Relationship to Student _____ Cell Phone: _____ Work Phone: _____

Email: _____ Internet access at: Home Work Public Access

Parent/Guardian Residing with Student:

Legal Last Name _____ Legal First Name _____ Gender: M or F

Relationship to Student _____ Cell Phone: _____ Work Phone: _____

Email: _____ Internet access at: Home Work Public Access

Secondary Household -- (Parent/Guardian NOT Residing with Student)

Address _____ Apt/Lot# _____ City _____ State _____ Zip _____ Home Phone _____

Legal Last Name _____ Legal First Name _____ Gender: M or F

Relationship to Student _____ Cell Phone: _____ Work Phone: _____

Email: _____ Internet access at: Home Work Public Access

Parent/Guardian Signature _____ Date _____