

Zionsville Community School's Registration form for PRESCHOOL

STUDENT INFORMATION:

Legal Name (please include middle name, if applicable): _____

Date of Birth: _____ Gender: _____

School Will Be Attending: _____ Planned Start Date: _____

Does your child currently have an **Individual Education Plan (IEP)**? ____ *If yes, which school corporation?* _____

PARENT / GUARDIAN INFORMATION:

First Contact: (please circle) MOTHER FATHER STEP-PARENT GRANDPARENT GUARDIAN OTHER

Name: _____ Email Address: _____

Address: _____ Cell Phone: _____

City/State/Zip: _____ Home Phone: _____

Neighborhood / Subdivision: _____

Second Contact: (please circle) MOTHER FATHER STEP-PARENT GRANDPARENT GUARDIAN OTHER

Name: _____ email address: _____

address: _____ cell phone: _____

city/state/zip: _____ home phone: _____

IS THERE DOCUMENTATION REGARDING LEGAL CUARDIANSHIP / CUSTODY? **IF SO, PLEASE PROVIDE COPY TO SCHOOL.**

Please describe any significant life-altering experiences (death of a family member or close friend, parent separation / divorce, adoption, medical challenges, recent relocation to Zionsville, etc.) that we should be aware of in order to best support your child?

IMPORTANT – PLEASE READ: *I am aware that Indiana Education Code and Zionsville Community Schools' Board Policy requires students to be enrolled in the school in which the student's parent/guardian resides. I understand it is considered falsification if I move from this address and fail to notify the school. It is my responsibility to notify the school immediately if my child or I move from this address. Should this statement be found to be false and parent is unable to verify residency, I understand that my child may be unenrolled. ZCS reserves the right to require further documentation at any time.*

Signature _____ Date _____

For Office Use Only:

birth certificate _____ proof of residency _____ immunizations _____ home language survey _____