

**LAMMERSVILLE UNIFIED SCHOOL DISTRICT
REQUIREMENTS FOR REGISTRATION
Special Education Pre-School**

STUDENT NAME: _____

In order to register your child for special education pre-school, you must bring the following documents to our office:

1. ADDRESS VERIFICATION – Parent must have 2 of the following to verify residence within school boundaries:

- A. Property tax payment receipts;
- B. Rental property contract, lease, or payment receipts;
- C. Utility service contract, statement, or payment receipts;
- D. Pay stubs; or Voter registration; or Correspondence from a government agency;
- E. Declaration of residency executed by the parent or legal guardian of the pupil.

2. PROOF OF AGE – Parent must provide 1 of the following:

Certified copy of a birth record; tatement by the local registrar or a county recorder certifying the date of birth; baptism certificate; passport; or affidavit of the parent, guardian, or custodian of the minor.

3. IMMUNIZATION RECORD – listing the month, day, and year the vaccines were received.

NOTE: STUDENT WILL NOT BE ALLOWED TO RECEIVE SERVICES UNTIL ALL FORMS ARE COMPLETED AND RETURNED TO THE SPECIAL EDUCATION DEPARTMENT OFFICE

(Does not apply to Foster Youth and/or students under the McKinney Vento Act).

School Use Only

ALTAMONT BETHANY CORDES HANSEN LAMMERSVILLE QUESTA WICKLUND

TIME: _____ DATE: _____ STAFF INITIALS: _____

Proof of Residence:

- Driver's License
- Verification of Residency 1: _____
- Verification of Residency 2: _____

Proof of Age:

- Proof of Age Document: _____

- Immunization Record Registration Form
- Letter/Referral from parent, doctor, etc. requesting testing



Special Education Preschool Student Information Form

Child Information		
Child's Last Name:		
Child's First Name:		
Date of Birth (MM/DD/YYYY):		
Home Address:		
What language is used to communicate at home?		
What language does your child appear to understand best?		

Parent/Guardian Information		
Parent/Guardian #1 Last Name:		
Parent/Guardian #1 First Name:		
Home Address: (if different than above)		
Home Phone:	Work Phone:	Cell Phone:
E-mail address:		
Parent/Guardian #2 Last Name:		
Parent/Guardian #2 First Name:		
Home Address: (if different than above)		
Home Phone:	Work Phone:	Cell Phone:
E-mail address:		

Emergency Contact Information	
(persons to contact in the event that either parent/guardian cannot be contacted)	
Contact #1 Name:	
Relationship to child:	
Cell Phone:	Alternate phone:
Contact #2 Name:	
Relationship to child:	
Cell Phone:	Alternate phone:

Child Maintenance	
Child's Living Arrangements	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:
Child's Legal Guardian(s):	
My Child May Be Released to the Following Persons:	
1.	
2.	
3.	

Medical/Health Information		
Date of Most Recent Health Screening:		
Date of Most Recent Vision Screening:	[] Pass	[] Fail
Date of Most Recent Hearing Screening:	[] Pass	[] Fail
Health Concerns or Conditions (i.e. asthma, epilepsy, cerebral palsy):		
Has your child required any hospitalizations or had any major accidents? If so, please describe.		
Has your child ever experienced a head injury or lost consciousness?		
Medications Currently Taken:		
Has your child required any medications in the past?		
Has your child previously been evaluated for services? If yes, where?		
Does your child have a medical diagnosis (such as ADHD or Autism)?		
Does your child receive any services (i.e., speech therapy, occupational therapy)?		
(Please check off if any of the complications below apply)		
<i>Pregnancy:</i>		
<input type="checkbox"/> None		
<input type="checkbox"/> Yes (please describe):		
<i>Delivery:</i>		
Birth Weight:		
<input type="checkbox"/> Full Term	<input type="checkbox"/> Premature (how many weeks):	
Complications during delivery, including mother/child's health after delivery:		
Strengths, Talents and Interests of My Child:		
My Child has the following Special Need (s):		
Concerns I have for My Child:		

Previous/Current Preschool/Day Care Information
Has your child attended preschool or daycare?
If yes, where did they attend school?
What were the dates of attendance?
Approximately how many days of the week and for how many hours do they attend school?