

West Delaware County Community School District Pre-School Pre-Registration Form

Legal Name (last, first, middle)	Gender (M or F)	Age	Birthdate	Race (Circle all that apply)		
				WHITE	HISPANIC	BLACK (NOT OF HISPANIC)
				ASIAN/PACIFIC ISLANDER	AMERICAN INDIAN/ALASKA NATIVE	
				WHITE	HISPANIC	BLACK (NOT OF HISPANIC)
				ASIAN/PACIFIC ISLANDER	AMERICAN INDIAN/ALASKA NATIVE	
				WHITE	HISPANIC	BLACK (NOT OF HISPANIC)
				ASIAN/PACIFIC ISLANDER	AMERICAN INDIAN/ALASKA NATIVE	
				WHITE	HISPANIC	BLACK (NOT OF HISPANIC)
				ASIAN/PACIFIC ISLANDER	AMERICAN INDIAN/ALASKA NATIVE	

*****On Sept. 15, 2019: My child will be _____ years old.**

Father's

Name _____ Phone _____ / _____ / _____
Home Cell Work

Address _____ Lives with? Y N
P.O. Box / Street Address Town Zip

Email _____ Employer _____

Mother's

Name _____ Phone _____ / _____ / _____
Home Cell Work

Address _____ Lives with? Y N
P.O. Box / Street Address Town Zip

Email _____ Employer _____

Other's

Name _____ Phone _____ / _____ / _____
Home Cell Work

Address _____ Lives with? Y N
P.O. Box / Street Address Town Zip

Email _____ Employer _____

Relationship (Circle One): Step-parent Grandparent Aunt/Uncle Foster Parent Legal Guardian

Language Spoken in home _____ **Resident District** _____

FOR OFFICE USE ONLY

Registration Fee: Free _____ Reduced _____ Paid _____

Date _____ Time _____