

Axtell Pre-Kindergarten ENROLLMENT Information

Student Name _____
Last First Middle

Preferred Name _____ Date of Birth: _____

Address: _____
Street City State Zip

Mailing Address (if different then above) _____
Street City State zip

Home Phone: _____ Email Address: _____

Gender: M F

Resides with: Parents Mother Father Other _____

Ward of State: _____ No _____ Yes NDHHS Case Manager Name: _____

Ethnicity: Hispanic/Latino _____ Not Hispanic/Latino _____

Race: _____ American Indian or Alaska Native _____ Asian _____ White
_____ Black or African American _____ Native Hawaiian or Other Pacific Islander

Previous School Attended: _____

Where do you intend to enroll this Pre-kindergarten student for Kindergarten: _____

Child's Medical Information: (Allergies, glasses, current medication, etc.)

Child's Development Concerns: (speech, physical, social-emotional)

Mother: _____ Employer: _____

Address: _____
Street City State Zip

Work Phone: _____ Cell Phone: _____
(Text messages o.k.? YES or NO)

Father: _____ Employer: _____

Address: _____
Street City State Zip

Work Phone: _____ Cell Phone: _____
(Text messages o.k.? YES or NO)

Emergency Contact: _____ Phone: _____

Relationship to child (friend, aunt, grandpa, etc.) _____

Child's Doctor: _____ Phone: _____

Individuals Who Have Permission to Pick Up Your Child:

Name	Phone	Relationship
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Name	Phone	Relationship
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Sibling Name	Date of Birth
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_____	_____
_____	_____
_____	_____
_____	_____

Daycare Provider Information:

Name of Daycare: _____ Contact Person: _____

Address: _____
Street City State Zip

Phone: _____ Cell Phone: _____

Transportation Plans: (bus, pre-kindergarten van, parent, other individual with permission to pick up your child)

Bus will run before A.M. class and after P.M. class. Pre-K van will run after A.M. class & before P.M. class to Daycare Providers in town.

How/Who will drop your child at School? _____

How/Who will pick your child up from School? _____

Signature of Parent/Guardian/Foster

Date