



Slate Valley Unified Union School

District

Universal Pre-school Partnership
Program Student Registration Form
This information is confidential.

Date: _____

Student Name: _____
First Middle Last

Date of Birth: _____ Gender: Male
 Female

Please include a copy of the child's birth certificate with the registration materials.

Ethnicity (optional): White (Non-Hispanic) Black Hispanic Asian Multiracial
American Indian/Alaskan Native Native Hawaiian/Pacific Islands

Does your child have any special needs: ___ IEP ___ 504 ___ ESL ___ Medical/health concerns
___ other (Please explain): _____

Parent/Guardian 1: _____ Date of Birth _____
Home Phone: _____ Cell phone: _____
Email address: _____
Physical Address: _____
Town of Residence: _____
Mailing Address: _____

Parent/Guardian 2: _____ Date of Birth _____
Home Phone: _____ Cell phone: _____
Email address: _____
Physical Address: _____
Town of Residence: _____
Mailing Address: _____

Does the student live with both natural parents? Yes If not, please indicate who the student resides with:
 Mother Father Stepmother Stepfather Guardian Other _____

**Please be prepared to show proof of
residency.**

Is your child currently attending preschool? Yes No

Preschool Program: _____ Phone number: _____