



USD 489 Preschool  
Enrollment Form  
School year \_\_\_\_

Date: \_\_\_\_\_

Class Preference: AM PM (circle one)

Name of Student: \_\_\_\_\_

Last

First

Middle

Address of Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F (circle one)

**Proof of current immunization and physical  
is required before entering school**

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Father's place of employment  
\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Mother's place of employment  
\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Father's work/cell number

\_\_\_\_\_  
Mother's work/cell number

Emergency Contact Info: \_\_\_\_\_

Email that is most used: \_\_\_\_\_

Health related problems that the school and teacher should be aware of: \_\_\_\_\_

\_\_\_\_\_

