



# Morgan School District Preschool Application



**Student Information**

Student ID# \_\_\_\_\_

Student's Full Name \_\_\_\_\_

Grade Level \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_

Home Phone \_\_\_\_\_

Race: (Mark One) Caucasian \_\_\_\_\_ American Indian \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_

Sp Ed or Speech \_\_\_\_\_ 504 \_\_\_\_\_ ELL \_\_\_\_\_ Title 1 \_\_\_\_\_ Bilingual \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Transportation: \_\_\_\_\_ Walk Eligible for bus \_\_\_\_\_ Bus # \_\_\_\_\_

Siblings enrolled in Morgan School District \_\_\_\_\_

**Parent/Guardian Information**

Student lives with \_\_\_\_\_

Custody Restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

(Note: Copies of all legal documents pertaining to custody must be in the possession of Morgan Elementary School to ensure compliance.)

**Parent Information**

**Parent Information**

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**Guardian Information** (if other than parents)

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Information**

\*Parents will be notified first of any emergency. Please list the name and telephone number of someone we can contact if parents are not available.

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Relationship to student \_\_\_\_\_

Relationship to student \_\_\_\_\_

Physician Name/Phone \_\_\_\_\_

Is your child allergic to, or presently taking any medication? *Please describe:* \_\_\_\_\_

\_\_\_\_\_

If your child has a diagnosed medical condition in which the school should know about, please indicate the condition:

\_\_\_\_\_