

East Mills Preschool Application

Child's Full Name _____ Male Female

Child's Birth Date _____

Race (Please Circle) American Indian-Alaska Native Asian

Black-African American Hawaiian/Pacific Islander White

Ethnicity (please Circle) Hispanic/Latino Yes/No Primary Language _____

Parent(s)/Guardian(s) _____

Street/Mailing Address _____

City, State, Zip _____

Home Telephone Number _____

Family Email _____

Mother _____ Cell _____

Work Location _____ Work # _____

Father _____ Cell _____

Work Location _____ Work # _____

Emergency Contact other than Parent/Guardian _____

Relationship _____ Phone # _____

Secondary Emergency Contact other than Parent/Guardian _____

Relationship _____ Phone # _____

Are you a resident of the East Mills School District? Yes No

Will your student ride the bus? _____

Special Health Needs: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use: State ID Number _____ Meal Account _____

Building Number 0427 – East Mills Elementary