

# Pattonville Early Childhood Student Information Form

Child's Information		
Child's Legal Name		
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Medicaid #
Child's Primary Language		Child's Secondary Language
Ethnicity <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White (check all that apply)		
Street Address	City	Zip Code
Child Lives with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Other		
Parent (Guardian) Information		
<b>Parent (Guardian) Information</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Parent (Guardian) Information</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
Full Name	Full Name	
Street	Street	
City	Zip Code	City
City	Zip Code	Zip Code
Ethnicity	Ethnicity	
Cell #	Cell #	
Alternate #	Alternate #	
Email	Email	
Employer	Employer	
Occupation	Occupation	
Last Grade Completed in School	Last Grade Completed in School	
Additional Information		
Are you enrolled in Parents as Teachers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list your parent educator		
District Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	District Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all other people living in household		
Name	Relationship	Age

<p style="text-align: center; margin: 0;">_____</p> <p style="text-align: center; margin: 0;"><i>parent (guardian) signature</i></p>	<p style="text-align: center; margin: 0;">_____</p> <p style="text-align: center; margin: 0;"><i>date</i></p>	<p><b>For Office Use Only</b></p> <p>Date _____ Time _____</p> <p>Home School _____</p> <p>BC __ Immunization __ Driver's License __ Mortgage/Lease __</p> <p>2 Utility Bills __ Other _____</p>
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