



Lancaster City Preschool
Lancaster City Schools
425 Whittier Drive
Lancaster, Ohio 43130-4376



Jaclyn Casey
Email: j_casey@lcsschools.net
740-687-7340
Fax 740-687-7208

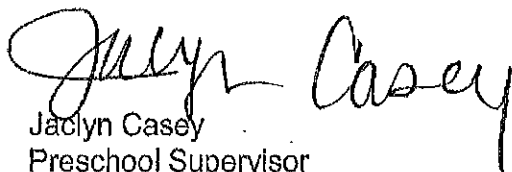
Dear Parents:

Welcome to Lancaster City Schools Preschool! In order for your student to be placed on the waiting list at Tarhe Preschool - 425 Whittier Drive or Sanderson Preschool – 1450 Marietta Road we will need the following information:

- ❖ Registration Form
- ❖ 2021 Income Verification (Proof of income can be the 2021 tax return, we only need the page of the federal that shows the adjusted gross income, OWF Award letter, Social Security Benefit letter, etc.) We cannot accept food stamp assistance or child support.
- ❖ Birth Certificate
- ❖ Parent ID (driver's license, state issue identification card, etc.)
- ❖ Two proofs of residency (lease, contract, utility bill or any bill mailed to the house within the last 30 days).
- ❖ Child Immunizations
- ❖ Copy of Custody papers (if applicable)

The preschool office hours are 8:00 AM to 4:00 PM. If you have any questions or concerns, please feel free to call the preschool office at 740-687-7340.

Sincerely,


Jaclyn Casey
Preschool Supervisor



LANCASTER CITY PRESCHOOL REGISTRATION

Time Preference: Please check one: AM PM Any

Student's Legal Name _____ M/F _____ Grade _____
First Middle Last

Address _____ Phone () _____

Date of Birth _____ Place of Birth: City _____ State _____

Child's Native Language _____

- Racial Group (Mark all that apply):
- White Hispanic/Latino Heritage
 - Asian Black or African American
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander

Please note: Should the Parent/Guardian choose not to designate the child's racial/ethnic group, the school district will use observer identification and mark the student as necessary. We will communicate this information to the parent/guardian.

FAMILY INFORMATION:

Student is living with:

Both Parents Father Mother Guardian Step-Parent Other** Foster Parent *

Student and family who have temporary living arrangements:

Shelter Unsheltered Shared Housing Hotel/Motel

If there is a court custody order pertaining to this child, who has custody?

(We need a copy of custody papers on file).

• Father's Name _____ Cell Phone # () _____

Address _____ Phone (h) # () _____

Employed by _____ Phone (w) # () _____

E-mail address: _____

• Mother's Name _____ Last Name _____ Cell Phone # () _____

Mother's Maiden Name _____

Address _____ Phone (h) # () _____

Employed by _____ Phone (w) # () _____

E-mail address: _____

• Foster Parent's Name _____ Cell Phone # () _____

Or Guardian's Name _____

Or Step Parent's Name _____

Address _____ Phone (h) # () _____

Employed by _____ Phone (w) # () _____

* Foster child's school district of residence

**Students MUST have proper court authorization to reside with grandparents or another relative.

PREVIOUS EDUCATION:

At any time in the past, has your child ever attended or been registered in the Lancaster City Schools?

Yes No If yes, what school? _____

Last school attended _____

City _____ State _____ Zip Code _____

STUDENT SERVICES:

1. Has your child had a school psychological evaluation, multi-factored evaluation, or other evaluation? ___ Yes ___ No

If yes from what school district: _____

2. Does your child have a current IEP (Individualized Education Plan)? ___ Yes ___ No

If yes, do you have a copy? ___ Yes ___ No

3. Has your child been diagnosed with a disability? ___ Yes ___ No If yes, please check all that apply below:

- ___ autism
- ___ mental health diagnosis
- ___ speech / language
- ___ visually impaired
- ___ hearing impaired
- ___ orthopedically impaired
- ___ ADHD
- ___ a child born with a major disability (i.e. Down syndrome, Fragile X, etc.,)
- ___ health condition (explain) _____
- ___ other (explain) _____

4. Is there any other information regarding your child's education, physical, emotional, family, or legal background that would be helpful for school personnel to know? ___ Yes ___ No If yes, please provide details: _____

5. Has your child been enrolled in Head Start or DD preschool programs? If yes please list the county: _____

NAMES AND AGES OF ALL OTHER SCHOOL AGE CHILDREN IN THE HOME:

Please list Grade & Building.

Name _____	Age _____	Grade _____	Building _____
Name _____	Age _____	Grade _____	Building _____
Name _____	Age _____	Grade _____	Building _____
Name _____	Age _____	Grade _____	Building _____

RELEASE OF INFORMATION:

School records may be released, without consent, to other authorized school officials. Records may also be released to other schools to which a student is transferring.

Non-custodial parents have the right to information contained within the student's records *provided* there is no court order to the contrary.

I swear and affirm that the information given on this form is correct; that I am a legal resident of the Lancaster City School district and that this child is in my legal custody.

Signed _____ Date _____