



## SIDNEY 2014-2015 PRE-K APPLICATION FOR ADMISSION

Sidney ISD is pleased to offer a full day pre-school program. The objective of the pre-school program is to provide a solid foundation of school success among 4-year-olds prior to entering the regular public school program.

Child's legal name as it appears on the birth certificate.

Last

First

Middle

\_\_\_\_\_

Girl \_\_\_ Boy \_\_\_ Age on Sept. 1, 2014 \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Social Security number \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Child residing with (check all that apply)

\_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Stepmother \_\_\_ Stepfather \_\_\_ Other

Parents are: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed

Who has legal custody? \_\_\_\_\_ Is there any other information that might be helpful for us to know about your child or circumstances at home that could affect him/her at school?

\_\_\_\_\_

Father \_\_\_\_\_ Phone \_\_\_\_\_

e-mail address \_\_\_\_\_

Address (if different) \_\_\_\_\_

Employer \_\_\_\_\_ Job title \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_

e-mail address \_\_\_\_\_

Address (if different) \_\_\_\_\_

Employer \_\_\_\_\_ Job title \_\_\_\_\_

Emergency Names (Persons authorized to care for student when ill/ or act in an emergency when parents cannot be reached.)

Name # 1 \_\_\_\_\_ Phone \_\_\_\_\_

Name #2 \_\_\_\_\_ Phone \_\_\_\_\_

Please list the names of all people you will allow to pick up your child from preschool. If someone comes to pick up your child and his/her name is not on the list, your child will not be released to that person until we have contacted you for permission.

\_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_ Phone number \_\_\_\_\_

Please list anyone that MAY NOT pick up your child: \_\_\_\_\_

Please list ALL medications that your child takes.

Medication name	Reason	Dose	How often taken?
_____	_____	_____	_____

Does your child have a health problem that could result in an emergency? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

If your child needs to take medication at school, please consider the following:

1. All medication taken at school, including non-prescription (over the counter) medication must take through the office unless otherwise arranged with the office.
2. Students may bring their own over the counter medication. This must be in it's original container with special instructions provided by a physician if needed.

Health Concerns. Please check all that apply.

ADHD/ADD Other learning disabilities Yes\_\_\_\_\_ No\_\_\_\_\_

Asthma or other breathing problems Yes\_\_\_\_\_ No\_\_\_\_\_

Allergies (list)\_\_\_\_\_

Bladder problems/ Bowel problems (describe)\_\_\_\_\_

Diabetes: Type 1\_\_\_ Type 2\_\_\_

Food intolerance (describe)\_\_\_\_\_

Social / Emotional / Behavioral / Mental health concerns (describe)\_\_\_\_\_

Vision deficit\_\_\_\_\_ Hearing deficit\_\_\_\_\_

Other health concern or significant history of problems (describe)\_\_\_\_\_

\_\_\_\_\_

Will your child be transferring from another district? \_\_\_\_\_

If so, what district? \_\_\_\_\_

Reason for wanting to transfer \_\_\_\_\_

Bus Transportation Information

Will your child be using bus transportation to get to school? Yes \_\_\_\_\_ No \_\_\_\_\_

In case of inclement weather my child:

\_\_\_\_\_ Will be picked up by \_\_\_\_\_

\_\_\_\_\_ Will ride the bus home.

PERMISSION FOR EMERGENCY TREATMENT AND ADMINISTERING  
MEDICATION

I hereby give permission for the staff at Sidney ISD to administer the following medication to my child if deemed necessary (Check if Yes):

\_\_\_ Medication prescribed by a doctor (that must be taken while the child is in the care of the school)

\_\_\_ Children's Tylenol/ acetaminophen or Children's Advil/ ibuprofen (for pain and/ or fever with phone call to parent)

\_\_\_ First Aid

\_\_\_ Cough drops

No other medications will be administered except those listed above. If your child becomes ill, you will be notified. It is the parent's responsibility to make sure the child's emergency numbers are current.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date