Excelsior Springs School District #40

Preschool Application

Date _____

Name of Student _____, _____

(Last) (First)

Parent/Guardian

_____(mother) _____(father)

Address _____

_____

Male _____ Female _____

Age _____ Birthdate _____

Home Phone Number _____-_____-_____

Cell Phone Number _____-_____-_____

Emergency Contact _____- _____-_____

Is the student potty trained? Yes _____ No_____

Is the student currently enrolled in a preschool program? Yes____ No _____

If yes, please list the name of the preschool _____

Has your child been screened through Parents as Teachers at the Early Childhood Center? Yes _____ No_____

_____For Office Use Only _____

Dial Score _____

Lewis Attendance Area _____ ECC_____

Westview Attendance Area _____ Elkhorn _____

Other _____

Return application to Central Office, Lewis Elementary, or Westview Elementary