



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 _____