

Snoqualmie Valley School District

Tuition Preschool Student Application Form

STUDENT	Student Legal LAST Name	Student Legal FIRST Name	Student Legal MIDDLE Name
	BIRTHDATE	GENDER	RACE: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
	ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native American		
	Birth Country:		

PRIMARY HOUSEHOLD	PRIMARY PARENT/GUARDIAN INFORMATION – (Household Information where student resides)		
	Last Name:	First Name:	
	Home Phone:	Cell Phone:	Work Phone:
	E-Mail Address:		
	Resident Street Address:		
	Mailing Address (if Different from above):		

SECONDARY HOUSEHOLD	SECONDARY PARENT/GUARDIAN INFORMATION – (Student does not primarily reside at this residence)		
	Last Name:	First Name:	
	Home Phone:	Cell Phone:	Work Phone:
	E-Mail Address:		
	Resident Street Address:		
	Mailing Address (if Different from above):		

EMERGENCY	<i>Primary Contact:</i>	Relationship
	Phone 1:	Phone 2:
	<i>Secondary Contact:</i>	Relationship
	Phone 1:	Phone 2:

DAYCARE	Name of Provider:
	Address:
	Phone:

OTHER INFO	Severe Allergies to Food or Other:	
	Prohibited Foods (other than allergies):	
	Medical Conditions/Diagnoses:	
	Physical Restrictions?:	
	First Language Spoken:	Language Spoken At Home:
	Potty Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has your child been screened, evaluated, or received special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is your child receiving any type of services? (Speech Therapy, Occupational Therapy, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes, Please give dates and provide services provided, if any:	

What else would you like to share about your child: _____

Parent Signature Date