

West Springfield Public Schools



Preschool Application

STUDENT INFORMATION

Name: _____
Last First Middle

Student Residential Address: _____
Street
City State Country

Mailing Address (if different): _____
Street
City State Country

Gender: M F DOB: _____ Age: _____ Place of Birth: _____

Does the student speak English: Yes No

First language learned: _____ Language spoken in the home: _____

Do other people have difficulty understanding your child's speech: Yes No

PARENT/GUARDIAN INFORMATION

G
U
A
R
D
I
A
N
1

Mr. Mrs. Ms. _____
Circle One Last First Relationship to Student

Address (if different from student): _____
Street City State/Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

PARENT/GUARDIAN INFORMATION

G
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2

Mr. Mrs. Ms. _____
Circle One Last First Relationship to Student

Address (if different from student): _____
Street City State/Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

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ABOUT THE FAMILY

Including the student you are seeking to enroll, how many people live in the household: _____
Do you have any students currently attending West Springfield Public Schools: Yes No
If yes, please list (Please use the backside of this page if more than three students are enrolled.):

Name	School Attending	Grade

ABOUT THE STUDENT

Is the student currently in Head Start, childcare or another preschool program: Yes No
Childcare Program Name: _____

Is the student receiving therapeutic services: Yes No
If yes, explain: _____

Did a physician or social worker recommend you apply for preschool: Yes No

Check any of the following that apply to your child: Homeless Refugee Foster Care

Comments: _____

Does your child play well with others: Yes No
Comments: _____

Does your child have temper tantrums that seem unusual: Yes No
Comments: _____

Is your child toilet trained: Yes No
Comments: _____

Do you have any concerns about your child's development:

