

Grand Isle Supervisory Union
 224 US Route 2 Grand Isle, Vermont 05458
 P.O. Box 54 Grand Isle, Vermont 05458
 Phone: 802-372-6912 Fax: 802-372-4898 Web Site: www.gisu.org

I. PRESCHOOL STUDENT REGISTRATION FORM

STUDENT INFORMATION		
Last Name:	First Name:	Middle:
DOB: ___/___/___	Gender: ___ M ___ F	
Mailing Address:		
City:	State:	Zip:
Physical Address (if different from mailing address)		
City:	State:	Zip:
Is student eligible for: (check all that apply) ___ IEP ___ State Placed ___ Dual Language Learner ___ Migrant ___ Homeless (ie: lack of consistent housing, doubled up with friends or family, etc.)		
Race/ethnicity (check all that apply) ___ White ___ Asian ___ Black/African American ___ Hispanic/Latino ___ American Indian/Alaskan ___ Native Hawaiian/Pacific Islander ___ Other (Please specify)		
Language other than English spoken in the home:		
Child lives with: ___ Both ___ Parent 1 (specify below) ___ Parent 2 (specify below) ___ Other (specify)		
(*Copy of any current court order regarding custody or guardianship for either Parent, <u>must</u> be submitted to the school.)		
PARENT/GUARDIAN INFORMATION		
Parent/Guardian 1:		Relationship to Student:
Mailing Address (if different from above)		
City:	State:	Zip:
Physical Address (if different from mailing address)		
City:	State:	Zip:
Home Phone:		Cell Phone:
Parent/Guardian 2:		Relationship to Student:
Mailing Address (if different from above)		
City:	State:	Zip:
Physical Address (if different from mailing address)		
City:	State:	Zip:
Home Phone:		Cell Phone:
SIBLING INFORMATION		
Name:	DOB:	Age/Grade:
Name:	DOB:	Age/Grade: