Three Rivers Local School District

Preschool Open House Registration Form School Year 2017-2018

Student's Legal Name:					
	First	Middle	Last		Called Name
Date of Birth:/_	/ Ag	e:	Gender: Female	e N	lale
Current Address:					
House	number and Street Nam	e PO Box	City	State	Zip
Home Phone:					
Are you a resident of t	he Three Rivers Local	School District?	Yes	No	
Parents Information					
Father/Guardian:	Cell Ph	none:	Email:		
Mother/Guardian:	Cell F	Phone:	Email:		
Please list brothers/si	sters:				
Name	Age	Grade		School	

Special Services:							
Has your child received servi	ces from Help Me Grow?	Yes No	If so, what services	5:			
Do you have any concerns a	bout your child's developm	ent at this t	ime?				
(speech and language, fine motor, gross motor, behavior, etc.)Yes No							
If yes, please explain:							
School History							
Has your child attended pres	school before? Yes N	lo Name	of Program:				
Preschool Sessions	AM 7:45am-10:30am		PM 12:00pm-2:45	5pm			
I would like my child t	o be considered for a spot in	n the mornii	ng session				
I would like my child to	o be considered for a spot in	the afterno	on session				
My child could attend	either session.						
Transportation is <u>NOT GUAI</u>	RANTEED AT THIS TIME and	there is no	busing within 1 mil	e of school			
	(please mark all the	e apply)					
I would like my child to ride the bus if possible to and from school.							
I will transport my chil	d to OR from school if they	can ride the	bus one way.				
I will transport my chil	d to and from school.						
*If you have any questions p	lease feel free to contact on	e of the foll	owing staff membe	rs:			
Debbie Williams- <u>Dwilliams@trls</u>	d.org, Nicole Fleek- <u>Nfleek@trlsd</u>	.org, Miranda	a Hoffman- <u>Mhoffman@</u>	otrisd.org			

Please return to the **Elementary Office by <u>Friday, February 24th</u>** to schedule a time for Friday, March 3rd to come in for the Preschool Open House and Informational Meeting.