For our children, our community, our world, our future

CHENEY PUBLIC SCHOOLS

PRESCHOOL ASSESSMENT ENTRY FORM DATE _____

DO NOT WRITE IN SHADED AREA – FOR OFFICE USE ONLY					
STUDENT SCHOOL NUMBER	SCHOOL ENTRY DATE	MEDICAL ALERT	HOMEROOM NUMBER	LOCKER NUMBER	BUS ROUTE AM PM

STUDENT NAME: Legal Last Name	Legal First Name	Legal Middle Name	Also known as:

BIRTHDATE (Month/Day/Year)	GENDER (M/F)	BIRTHPLACE: City State Country	GRADE LEVEL

Is your family currently experiencing homelessness?

☐ Yes ☐ No

LANGUAGE STUDENT CURRENTLY SPEAKS
☐ English ☐ Spanish ☐ Russian ☐ Other _____

NATIVE LANGUAGE (Language the student first spoke)
☐ English ☐ Spanish ☐ Russian ☐ Other _____

HOME LANGUAGE (Language spoken at home)
☐ English ☐ Spanish ☐ Russian ☐ Other _____

HAS YOUR CHILD EVER BEEN ENROLLED IN AN ENGLISH LANGUAGE DEVELOPMENT PROGRAM? ☐ Yes ☐ No

ETHNICITY/ RACE – PLEASE COMPLETE INFORMA-TION BELOW

IS YOUR CHILD OF HISPANIC OR LATINO ORIGIN? (Check all that apply.)

☐ **NOT** Hispanic/Latino ☐ Mexican/Mexican American/Chicano ☐ Cuban ☐ Central American ☐ Dominican
☐ South American ☐ Spaniard ☐ Latin American ☐ Puerto Rican ☐ Other Hispanic/Latino

WHAT RACE(S) DO YOU CONSIDER YOUR CHILD? (Check all that apply.)

☐ African American/Black	☐ Asian Indian	☐ Cambodian	☐ Chinese	☐ Filipino	☐ Hmong	
☐ White	☐ Indonesian	☐ Japanese	☐ Korean	☐ Laotian	☐ Malaysian	
☐ Pakistani	☐ Singaporean	☐ Taiwanese	☐ Thai	☐ Vietnamese	☐ Other Asian	
☐ Native Hawaiian	☐ Fijian	☐ Guamanian or Chamorro		☐ Mariana Islander	☐ Melanesian	
☐ Micronesian	☐ Samoan	☐ Tongan	☐ Other Pacific Islander		☐ Alaska Native	
☐ Chehalis	☐ Colville	☐ Cowitz	☐ Hoh	☐ Jamestown	☐ Kalispel	
☐ Lower Elwha	☐ Lummi	☐ Makah	☐ Muckleshoot	☐ Nisqually	☐ Nooksack	
☐ Port Gamble Klallam	☐ Puyallup	☐ Quileute	☐ Quinault	☐ Samish	☐ Sauk-Suiattle	
☐ Shoalwater	☐ Skokomish	☐ Snoqualmie	☐ Spokane	☐ Squaxin Island	☐ Stillaguamish	
☐ Swinomish	☐ Tulalip	☐ Yakama	☐ Other Wash. Indian	☐ Other American Indian/Alaska Native		

PRIMARY GUARDIAN Household 1 (parent/guardian where student resides)
Last Name | *First Name*

Relationship

SECONDARY GUARDIAN Household 1 (parent/guardian where student resides)
Last Name | *First Name*

Relationship

STUDENT LIVES WITH
☐ Both parents
☐ Father only
☐ Mother only
☐ Grandparents
☐ Father/Stepmother
☐ Mother/Stepfather
☐ Stepfather/Stepmother
☐ Guardian ☐ Agency
☐ Self ☐ Other _____

PHONE #1 – Best Contact Phone (include area code)

Please check if unlisted ☐

PHONE #2
☐ Home ☐ Work ☐ Cell
(include area code)

PHONE #3
☐ Home ☐ Work ☐ Cell
(include area code)

	Street	*TRLR, Apt #*	*P O Box*	*City*	*State*	*ZIP*
RESIDENT ADDRESS						
MAILING ADDRESS (If different from above)						

GUARDIAN 1 EMPLOYER	Guardian Work Phone	GUARDIAN EMAIL ADDRESS
GUARDIAN 2 EMPLOYER	Guardian Work Phone	GUARDIAN EMAIL ADDRESS (if different from above)