



**Lewis County Schools
Preschool Screening Registration Form**

Child's Name: _____

DOB: _____

Age on August 1st _____

Elementary school in the attendance area where you live in which your child would attend Kindergarten _____

Parent(s)/Guardian(s): _____

Address: _____

Phone Numbers:

Home: _____

Cell(s): _____

Work: _____

Does your child have any problems with vision or hearing? Yes _____ No _____

If yes, please explain: _____

Are there other siblings in school? Yes _____ No _____

If yes, please give the name, grade, and school of the other sibling(s):

Bus number **and/or** name of driver who runs the route where you live:

Home Language Survey

Country of Origin: _____

Language most frequently spoken at home: _____ English _____ Other (Specify): _____

First Language your child could speak: _____ English _____ Other (Specify): _____

Language your child speaks most at home: _____ English _____ Other (Specify): _____

- Primary language spoken by your child: _____ English _____ Other (Specify): _____

Please complete and return this form to the secretary or preschool teacher(s) at the elementary school in your attendance area (school in which your child would attend Kindergarten) as soon as possible so that a preschool screening can be scheduled for your child.