



2024-2025

# Lisbon Community School District



## Initial Preschool Form

### Student/Parent Contact Information

#1) Complete form. #2) Return to the school to be placed on a preschool list

Student Last, First, Middle Name: \_\_\_\_\_

(Alternate Student Name/Nickname): \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

What is the student's race?  White  Black/African American  Asian  
 American Indian/Alaska Native  Native Hawaiian/Other Pac Islander

Student IEP  Student 504 Plan  Medical/Health Concern

Session Preference: Please indicate if you have a preference for morning or afternoon.

**\*\* We cannot guarantee all requests will be granted**

Morning (8:10-11:10am)  Afternoon (12:10-3:10pm)  No Preference

What are the student's After School Plans?  Parent Pick up  LECC

Bus - daycare provider's name: \_\_\_\_\_

\*\*After preschool bussing options: AM: Bus to an in-home daycare in town / PM: bus home with an older sibling

Parent Name (Primary): \_\_\_\_\_

Address \_\_\_\_\_ County (Req) \_\_\_\_\_  
(with zip code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(Email is our MAIN SOURCE of communication, please notify us with any email changes~Thank you!)

Additional Email Address: \_\_\_\_\_

Sibling already attending Lisbon: \_\_\_\_\_

This Does NOT Fully Register Your Child For 2023-2024 School Year!

**You WILL need to complete the Initial Registration Form and ONLINE REGISTRATION in August!**

For Office Use Only: Date Rec \_\_\_\_\_ PS \_\_\_\_\_ ID# \_\_\_\_\_ DPride \_\_\_\_\_