

**EASTERN LANCASTER COUNTY SCHOOL DISTRICT  
PRIVATE SCHOOL – PRE-SCHOOL PUPIL CHECK-IN**

Today's Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle

Sex \_\_\_\_\_  
M or F

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_

City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_ County of Birth \_\_\_\_\_

Biological    Adopted    Foster

Please circle appropriate title:   Mr. & Mrs.   Mr.   Mrs.   Miss   Ms.

Please check  if living with child

Father \_\_\_\_\_  Mother \_\_\_\_\_  
Last First Middle Last First Middle

Guardian \_\_\_\_\_  Step-Parent \_\_\_\_\_  
Last First Middle Last First Middle

Significant Other \_\_\_\_\_

Status of Parents:   Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single \_\_\_  
Mother Deceased \_\_\_ Father Deceased \_\_\_ Stepmother \_\_\_ Stepfather \_\_\_

Siblings and other children living within the home (full names please)

Name	Yr. Birth	Sex	Name	Yr. Birth	Sex
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

=====

Dear Parent/Guardian,

The Pennsylvania Department of Health requires that all preschool students attending class in a school setting need to comply satisfactorily with the immunization code. Therefore, we are asking that you **attach** a copy of your child's up to date immunization record or health care provider verified immunization record and **return** this form to the school office.

Thank You  
The ElanCo School Nurses