

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 _____

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

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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