

PRE-REGISTRATION FORM

Today's date:

Child's first and last name: _____

Does your child go by a nick name? No___ **Yes**_____

Gender:

Date of Birth:

Address:

Phone:

Father's first & last name:

Mother's first & last name:

Father's work #:

Mother's work #:

email:

Grade child will be entering:

Has you child received services through the Department of Pupil Services prior to being registered at Greeley?

Siblings who will be attending Greeley next year (and grade level next year):

Names and grade levels of siblings who will attend Skokie or Washburne during the next year:

Please use this space to describe anything that we should know about your child that will help us with the placement decision.

You will receive teacher assignment by mail in August.