Griswold Community Schools Tiger Club Preschool Application 2023-2024 Please return form to the Elementary Office or email to Michele Kirchhoff at mkirchhoff@griswoldschools.org

	Last	First	Middle	
Date of Birth:	Age:		M F	
Mother's/Guardian's Nan	ne:			
Address:	Last	First		
Street	City	State	Zip	
Home Phone:				
Primary Email Address: _		Othe	email:	
Place of Employment:				
Father's/Guardian's Nam	e:		Student Residence	
Address:	Last	FIrst	Student Residence	
Address: Street	City	State	Zip	
Home Phone:	Work Phone:		Cell Phone:	
Primary Email Address	:		other email:	<u> </u>
Place of Employment: _				
	Please rank in ord Full Time Half Time No Preferen	-	ence.	
	d requests received by May ilies may apply after the al		dents will be assigned to a p ace is available.	orogram.
An informational l	etter will be sent to your fa	amily to notify	you of the assigned program	n.
	it the development of your ed. Please call Lisa Butler a		sical concern, an individual ementary (712) 778-2154	screening
Office use only:				
Registration date:		•	Program:	
Age 5 Before September 1	L5 ^m	Immuniz	ations:	

Please complete each section

What is the primary language spoken in th	e home? H	English Other:		
Total number of people living in your hous	sehold (inclu	ding other relatives)		
Do any of the following apply to your child	or family sit	cuation?		
Academic Factors: Does your child have An Individual Education Plan (IEP)	Yes	No		
A Hearing Impairment	Yes	No		
A Vision Impairment	Yes	No		
Biological Risk Factors Born under 3 pounds	Yes	No		
Diagnosed with a medical condition (i.e. D	own Syndroi	ne, Autism, ADAD, etc)	Yes	No
Has been diagnosed with or is suspected to education or related services. Please mark Speech or Language Impairment	•	ē .	quire speci	ial
Emotional/Behavior Disorder	Yes	No		
Health Impairment	Yes	No		
Other:				

No

Special Circumstances:Resides in a foster care homeYes

Other issues or concerns you may have about your child.