



ALLEGANY-LIMESTONE CENTRAL SCHOOL

3131 Five Mile Road • Allegany, NY 14706

UNIVERSAL PRE-K

CHILD APPLICATION AND FAMILY INFORMATION

District Office

Phone: 716-375-6600

Fax: 716-375-6629

Middle-High School

Ext. 2110/2100

Fax: 716-375-6630

Elementary School

Ext. 4172

Fax: 716-375-6628

Special Education

Ext. 4164

Fax: 716-375-6601

Bus Garage

Ext. 6612

Fax: 716-375-6627

Child's Last Name:	Child's First Name:	Date of Birth: / /	Sex (circle one): Male / Female
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Mother/Guardian Name:	Father/Guardian Name:
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Child's Street Address:	City:	Zip:
Child's Mailing Address (<i>if different</i>):	City:	Zip:

Place of Birth:	Home Phone:	Work Phone/Other Phone:
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Brothers and Sisters (<i>List the oldest first</i>)			
Name	Date of Birth	School	Grade

Please use an additional page if necessary.

Special schools/clinics/school district working with my child:

TRANSPORTATION:

Please check: _____ Yes, my child will require bus transportation
 _____ No, my child will **not** require bus transportation

Does your child have any previous pre-school experience? ____ YES ____ NO
 If yes, title of program attended: _____

I UNDERSTAND I NEED TO SUBMIT PROOF OF MY CHILD'S BIRTH DATE AND IMMUNIZATION RECORD AND PROOF OF PHYSICAL. I FURTHER UNDERSTAND THAT THIS APPLICATION DOES NOT GUARANTEE PLACEMENT IN THE ALLEGANY-LIMESTONE UPK PROGRAM. I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Please review your application to ensure all sections are complete and return this form to Allegany-Limestone Elementary. All information is confidential. Allegany-Limestone Pre-K complies with all statutes relating to nondiscrimination.