

Early Access Family Form

School District _____

Father's (Male Guardian) Name _____

Mother's (Female Guardian) Name: _____

Child's Name _____ Date of Birth _____

School Attended:

____ Preschool _____

____ Head Start _____

____ Child Care _____

____ No Schooling Outside of Home

Home Address:

Street: _____ Town: _____ Zip _____

Mailing Address:

Street: _____ Town: _____ Zip _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Other children:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____