# Lisbon Community School District

## 4 Year Old Preschool Initial Registration Form

## Student/Parent Contact Information

***1) Complete this form.  2) Return to the school to be placed on a Preschool list***

Student Name (Last, First, Middle): _____

(Alternate Student First Name/Nickname if applicable): _____

Date of Birth: _____ **(Must be 4 years old by September 15th, 2026)**

**Is the student Hispanic or Latino?** ☐ Yes ☐ No **Gender**: ☐ Male ☐ Female

**What is the student's race?** ☐ White ☐ Black/African American ☐ Asian
☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pac Islander

**Academic or Medical needs?** ( * If checked, please attach informational page )
☐ Student IEP ☐ Student 504 Plan ☐ Medical/Health Concern (visit with School Nurse)

**Session Preference:** Please indicate if you have a preference for morning or afternoon
** *We cannot guarantee all requests will be granted* **
☐ Morning (8:10-11:10am) ☐ Afternoon (12:10-3:10pm) ☐ No Preference

**What are the student's After School Plans?**

☐ Parent Pick Up ☐ LECC ☐ Bus (**AM ONLY**) Daycare Provider's Name:_____

**PreSchool bus options: AM: Bus to an ***In-Town, License In-Home Daycare only***
PM: Yellow School Bus home ***ONLY IF*** there is an older sibling riding (School Policy)

Parent Name (Primary): _____

Home Address: _____County (Req)_____
(with zip code)

Mailing Address: _____
(If different than Home Address)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____
(Email is our MAIN SOURCE of communication, please notify us with any email changes~Thank you!)

Sibling(s) already attending Lisbon? : _____

This *Does NOT* Fully Register Your Child For 2025-2026 School Year!
**You MUST complete the ONLINE REGISTRATION TOO, this opens up in August!**

For Office Use Only: Date Rec_____ PS_____ ID#_____ DPride_____ 7/15/26