

PRE-REGISTRATION FORM Today's date:
Grades 1 - 4

Child's first and last name: _____

Does your child go by a nick name? No__ Yes_____

Gender: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

Father's first & last name: _____

Mother's first & last name: _____

Father's cell #: _____

Mother's cell #: _____

Father's work #: _____

Mother's work #: _____

Family email: _____

Grade child will be entering: _____

Has your child received services through the Department of Pupil Services prior to this registration?
Yes _____ No _____

Siblings who will be attending Greeley school 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 any special educational needs that we should know about to help us with the placement decision.

You will receive teacher assignment by mail in August.

Current mailing address:

Please send me Greeley's PTO Newsletter via email: _____

Print email address here