

Sheffield-Sheffield Lake City Schools

Preschool Registration Instructions
2021-2022

3975 Forestlawn Avenue
Sheffield Lake, OH 44054

Phone: 440-949-4238

Email: tglass@sheffieldschools.org

INSTRUCTIONS

1. On the Sheffield-Sheffield Lake City Schools Preschool Registration website page, click on the registration form (image of form shown to the right).
2. A fillable PDF version of the application will open in a new window. To fill out the registration form, click into the field that needs to be filled and start typing. As long as you stay on the page and do not close the window, the typed information will remain. If you close the window and click on the application image again, a new blank registration form will appear, and all previously typed information will be lost.
3. Be sure to provide information for the applicable fields on both pages of the registration form.
4. When the registration form has been completed, the parent/guardian should type his/her name in the box provided and type the appropriate signature date.

Sheffield-Sheffield Lake City Schools
REGISTRATION FORM
Inspire • Excite • Educate

OFFICE USE ONLY
Student ID: _____
Homeroom: _____
Registration Date: _____
Start Date: _____
Grade: _____
School: _____

STUDENT INFORMATION
City of Birth: _____
Last Name: _____ First: _____ Middle: _____
Address: _____ Apt. _____ City _____ State _____ Zip _____
Home Phone: _____ Cell Phone: _____
Gender: Male Female Date of Birth: _____

Ethnicity Is the student Hispanic/Latino? Yes No
Is the student a U.S. Citizen? Yes No
If not, what citizenship is held? _____

Race (Choose one or more)
 W-White, Non-Hispanic
 B-Black, or African American
 A-Asian, Pacific Islander
 I-American Indian, Alaskan Native
 Native Hawaiian or other Pacific Islander

PARENT/LEGAL GUARDIAN/CUSTODIAL INFORMATION

Primary Adult Living With Student	Secondary Adult Living With Student
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Relationship to Student: _____	Relationship to Student: _____
Home Phone: _____	Home Phone: _____
Cell Number: _____	Cell Number: _____
Work Number: _____	Work Number: _____
Email: _____	Email: _____

List siblings from this parent: _____

List siblings from this parent: _____

Student is living with: Both Parents Mother Father Grandparents Aunt/Uncle Foster Parents Other

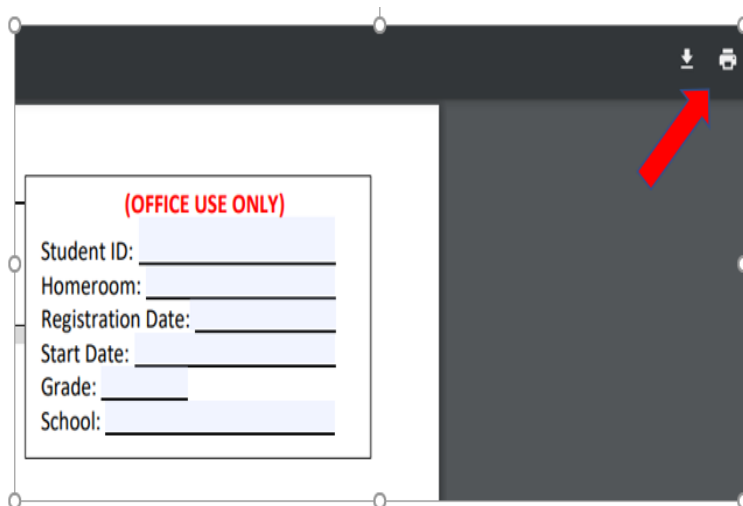
Who is the child's Legal Guardian? Both Parents Mother Father Legal Guardian Grandparents Court Placed

Other: Please explain: _____

If you are a Foster Parent, what is the legal residence of the natural parent? _____

Name of Children Services Caseworker: _____

Revised 2/3/2021



5. Now that the entire registration form has been completed, it is necessary to save the completed form as a PDF on your computer. Click on the printer icon in the upper-right corner of the online PDF window to start the saving process (image to the left).

- A new window will appear with the image of the form and printing options. You want to change the destination to “Save as PDF” and leave the rest of the fields as they are and click on “Save.”

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REGISTRATION FORM
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STUDENT INFORMATION

City of Birth _____

Last Name _____ First _____ Middle _____

Address _____ Apt. _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Gender Male Female Date of Birth _____

Ethnicity Is the student Hispanic/Latino? Yes No

Is the student a U.S. Citizen? Yes No

If not, what citizenship is held? _____

Race (Choose one or more)

W-White, Non-Hispanic
 B-Black, or African American
 A-Asian, Pacific Islander
 I-American Indian, Alaskan Native
 Native Hawaiian or other Pacific Islander

PARENT/LEGAL GUARDIAN/CUSTODIAL INFORMATION

Primary Adult Living With Student

First Name: _____
Last Name: _____
Relationship to Student: _____
Home Phone: _____
Cell Number: _____
Work Number: _____
Email: _____

Secondary Adult Living With Student

First Name: _____
Last Name: _____
Relationship to Student: _____
Home Phone: _____
Cell Number: _____
Work Number: _____
Email: _____

List siblings from this parent: _____

Student is living with: Both Parents Mother Father Grandparents Aunt/Uncle Foster Parents Other

Who is the child's Legal Guardian? Both Parents Mother Father Legal Guardian Grandparents Court Placed

Other Please explain: _____

If you are a Foster Parent, what is the legal residence of the natural parent? _____

Name of Children Services Caseworker: _____

Revised 2/3/2021

Print 2 pages

Destination **Save as PDF**

Pages All

Pages per sheet 1

Save **Cancel**

- A window will appear to save the PDF file you just completed to your computer. Choose a location for the file and click “Save.” Your registration form is now ready to be emailed to Mrs. Glass @ tglass@sheffieldschools.org

