



**OCPS ACADEMIC CENTER FOR EXCELLENCE
ROSEN PRESCHOOL**

STUDENT APPLICATION FORM

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

E-mail Address: _____

Address: _____

Home Phone #: _____ **Cell Phone #:** _____

Other children (siblings) living at the same address:

1. Name: _____ **School:** _____ **Grade:** _____

2. Name: _____ **School:** _____ **Grade:** _____

3. Name: _____ **School:** _____ **Grade:** _____

Emergency Contact Information

1. Name: _____ **Phone #:** _____

2. Name: _____ **Phone #:** _____

Medical Information

Doctor's Name: _____ **Phone #:** _____

Any known Allergies: _____

This is to certify that all the information on this registration form is true to the best of my knowledge. I understand that inadequate information may result in my child not being placed in the OCPS Academic Center for Excellence Rosen Preschool.

Parent Signature: _____ **Date:** _____