North Andover Public Schools
Integrated Preschool CUBS Application

Student: _____ _____ _____
(Last Name) (First Name) (Middle Name)

Permanent Address: _____

Telephone Number: _____ E-Mail: _____

Date of Birth: Yr. _____ Month _____ Day _____ Sex: M F

Place of Birth: _____
(City) (State)

Name of Parents: (Please list names in full)

Father: _____ Work phone number: _____

Where Employed: _____ Position: _____

Mother: _____ Work phone number: _____

Where Employed: _____ Position: _____

Legal Guardian: _____ Phone #: _____

Name and address of school last attended: _____

_____

Does your child receive special education services under and IEP or an IFSP? _____

Does your child have any health problem or condition which the school should be aware of:

_____

Names of other children in family (in order of age, oldest first)

Name:	Date of Birth:
_____	_____
_____	_____
_____	_____