



**Early Childhood
First Entry to School Form**
(Required for any student entering TCPS in grades P3-K for first time)

Student Information

Child's Name:	DOB:
Parent/Guardian:	School:

Special Services

Does your child have an active IEP or IFSP for special needs YES NO
 If yes, please check any and all areas of service received through the plan:
Speech/Articulation Vision Language Hearing Physical Disabilities
Other (Please explain: _____)

Medical Conditions

Does your child have any ongoing chronic medical conditions: YES NO

If yes, please explain:

Care/Programming Prior to Entering TCPS

Please check the two primary settings your child attended in the past 12 months.

- Yes-home/informal care (circle Full-Time or Part-Time)
- Nonpublic Nursery School (circle Full-Time or Part-Time)
- Licensed Family Childcare (circle Full-Time or Part-Time)
- Licensed Childcare Center (circle Full-Time or Part-Time)
- HeadStart (circle Full-Time or Part-Time)
- Public School-P3 or PK (circle Full-Time or Part-Time)

Additional Information

Is there anything else you would like us to know about your child? YES NO

If yes, please explain:

I also authorize the school to contact any referring agency for more information about my child, including but not limited to progress reports, assessment data, or other information that may indicate a lack of school readiness in any area.

Parent/Legal Guardian Signature/Date: _____

*******School Use Only*******

- FARM application completed
- Proof of Income Provided in Sealed Envelope (To be maintained in Student Services)
- Qualifying Tier: 1 2 3 4

Staff Signature/Date: _____