Family Status Form

As a requirement of the Preschool for All program funded by the Illinois State Board of Education, the following information is requested to be verified by the serving school district upon enrollment in preschool.

Child's Name			Child's Birthdate
_____ First	_____ Middle	_____ Last	_____/ Month _____ / Day _____ Year

Mother's Name:	**Father's Name**:
Employer:	**Employer:**
Primary Phone Number:	**Primary Phone Number:**
Legal Guardian?: YES NO	**Legal Guardian?**: YES NO
Marital Status? Single Married Divorced	**Marital Status?** Single Married Divorced
Highest Level of Education completed by mother: **Grades 1-8 9 10 11 High School Diploma GED** **Bachelor's Master's/ + Vocational**	**Highest Level of Education completed by father**: **Grades 1-8 9 10 11 High School Diploma GED** **Bachelor's Master's /+ Vocational**

List all people living in the household		
Name	**Age**	**How is this person related to child listed above?**

Please check the box that best describes your family structure:

	Both parents in the home
	Single parent family
	Lives with an adult other than parent, with a guardian, or has DCFS involved.
	Child with parent and other adult relatives
	Both parents have joint custody and live in separate households

I _____ verify, that the above information is true and correct.

_____ Date _____

Signature