## LaSalle Parish School System / Head Start Pre-Kindergarten Registration Form

Applicar	nt Name								Birth	day	
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Does you medical r	ır child ha ecords, I.	ive a special need E.P.'s IFSP, etc.	d?	Yes N	lo If	yes, pleas	e attach all docu	ments related to	child's special	need (i.e.) evaluation,	
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Phone Number Home, Work, Cell,					Primary				Notes			
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