

Anchorage School District
2024-2025 School Year
Preschool Questionnaire
K – 3rd grade

Student’s Legal Name: _____ Date of Birth: _____

1. In what type of setting(s) did your child receive early care between the ages of 3 and 5?
(Please check **all** that apply)

- ASD Preschool (General Education or Special Education)
- Other Alaska School District Preschool
- Out-of-State School District Preschool
- Head Start (RurALCAP, Cook Inlet Native, CCS, KCI, or other Head Start program)
- Private Preschool Setting
- Childcare
- Parent/Guardian Care
- Other: _____

If your child attended ASD Preschool, Other Alaska School District Preschool, Out-of-State School District Preschool, Head Start, or a Private Preschool Setting, please continue.

2. How many years did your child attend an early education/preschool? (select one)

- Less than 1 year
- 1-2 years
- 2+ years

Parent Signature: _____

Date: _____

<p>ASD Front Office Staff Only</p> <p>Front office staff enter this information into Q upon new student enrollment.</p>	<p>File in CUM</p>
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