



Early Childhood Laboratory School
A Reach Toward Excellence

Delaware State University

Department of Education
Education & Humanities Building
Dover, Delaware 19901
(302) 857-6731

Request for Enrollment

Child's First Name: _____ Last Name: _____ Sex: _____

Date of Birth: _____

Mother's Name: _____

Home Address: _____

Home Telephone Number: _____ Work Phone: _____ May we call you at work? _____

Father's Name: _____

Home Address: _____

Home Telephone Number: _____ Work Phone: _____ May we call you at work? _____

Date you would like your child to begin school: _____

Parent/Guardian's Signature: _____ Date: _____

+++++Official Use Only

Date enrolled: _____

Date withdrawn: _____

BUSINESS OFFICE FORM

Dear Parents/Guardians,

Please complete this form to set up your account in the Business Office.

Child's Name _____

Social Security Number _____

Parent or Guardian's Name _____

Social Security Number _____ Date of Birth _____

Street Address _____

City, State and Zip Code _____

Home Phone Number _____

Alternate Phone Number _____

Email Address _____

Thank you,

Business Office