

**Application for Attendance  
4 year old Pre-K Programs  
2017 - 2018 School Year**

Parents:

Please select 1<sup>st</sup> and 2<sup>nd</sup> preference:

\_\_\_ AM

\_\_\_ PM

**\*\*Your 1<sup>st</sup> selection is not a guarantee.**

Child's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Gender: Male Female

Child lives with: Both parents Father Mother Foster Parent(s) Other \_\_\_\_\_

Marital Status: Married Divorced Separated Widowed Single

Mother's Name \_\_\_\_\_ Mother's Date of Birth \_\_\_\_\_  
Highest Education Level \_\_\_\_\_ (please circle) High School Graduate GED

Father's Name \_\_\_\_\_ Father's Date of Birth \_\_\_\_\_  
Highest Education Level \_\_\_\_\_ (please circle) High School Graduate GED

Street Address \_\_\_\_\_ City \_\_\_\_\_

Home/Message Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_

**Because children must meet certain eligibility criteria, the following information is needed**

If child has a case number for Food Stamps, TAF or FDPIR, please list here \_\_\_\_\_

If child has one of above numbers, skip the following income information.

**PART 1**

Check box if this application is for a child who is the legal responsibility of a welfare agency or court. List his/her monthly personal use income. If the foster child has no personal use income, write "0". \$ \_\_\_\_\_ Skip Part 2.

<b>PART 2</b> List the names of ALL Household Members	<b>Monthly Earnings</b> from work (before deduction)	Monthly Welfare, Child Support, Alimony	Monthly Pension Payments, Retirement, Social Security, Other Income	Monthly Temporary Income: Strike Benefits, Unemployment, Workman's Comp

Is your child receiving any special services (i.e. speech therapy, learning disabilities, mentally handicapped, other)? Do they have an IEP (Individual Education Plan)? YES NO

Does your child qualify for migrant status? YES NO (If yes, please include a copy of the Certificate of Eligibility.)

What language is spoken in your home? English Other (Specify) \_\_\_\_\_

**RACE & ETHNICITY**

(Note: Both Part A & Part B of the question must be answered.)

**Part A: Is this student Hispanic/Latino?** (Choose only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

**Part B: What is the student's race?** (Choose one or more)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North or South American (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast, Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Complete and Return to:

The Center  
1600 N. Walnut  
Pittsburg, KS 66762