

FOUR YEAR OLD STATE PREK PROGRAM APPLICATION

*****MUST BE 4 ON OR BEFORE AUGUST 31*****

Child Information

<hr/> Name (First-Middle-Last)	<hr/> Gender	<hr/> Birthdate
<hr/> Address		<hr/> City <hr/> State <hr/> Zip
<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either <small>(SES Only) Which session do you prefer?</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Is the child on an IEP?</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>Are you located in-district?</small>

Parent/Guardian Information

<hr/> Name	<hr/> Birthdate	<hr/> Relationship to Child
<hr/> Cell Phone	<hr/> Home Phone	<hr/> Email
<hr/> Name	<hr/> Birthdate	<hr/> Relationship to Child
<hr/> Cell Phone	<hr/> Home Phone	<hr/> Email

Criteria for Four-Year-Old State PreK Program

(Please answer each of the following questions. Must meet at least one of the following to qualify.)

Does the child qualify for free lunch? <small>(Must complete application to determine eligibility)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At the time of enrollment, is the custodial parent unmarried?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the child have a DCF Referral? <small>(The reason for referral must describe the need for the child to attend the State Pre-Kindergarten Program (4 year AR) program and be documented and signed by the DCF agent.)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Teen parent? <small>(At least one parent was a teen when the child was born.)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At the time of enrollment, is either parent lacking a high school diploma or GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the child qualify for migrant status? <small>(There must be a copy of the Certificate of Eligibility on file.)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is English the primary language spoken in the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the child in Foster Care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the child homeless? <small>(I.e. shelter, shared housing, vehicle.)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the family receiving public assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<hr/> Parent/Guardian Signature	<hr/> Date
<hr/> Parent/Guardian Signature	<hr/> Date

*****DO NOT WRITE BELOW THIS LINE*****

Educator Use Only

Does the child have lower than expected Developmental Progress in at least one of the following areas: Cognitive Developmental; physical development; communication/literacy; social-emotional/behavior; adaptive behavior/self-help skills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the child qualify for the Four-Year-Old State PreK Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Mid-Day Pre-School Transportation (Within City Limits) Request Form

The Board of Education of USD 113 approved midday bussing for preschool students including those within the city limits of Axtell and Sabetha. Students who complete preschool at 11:15 or begin pre-school at 11:50 will be eligible for pre-school transportation. The Board of Education has decided to include delivery of students to daycares if properly authorized by the parent.

One of the most important components is that the caregiver/parent must be present to meet the driver. Students who do not have a caregiver meet the bus will not be transported to or from school.

_____ Morning Afternoon
Student Name Student Class Session
(First-Middle-Last)

_____ Parent Name _____ Parent Phone _____ Parent Email

_____ Parent Address

_____ Caregiver Name _____ Caregiver Phone

_____ Caregiver Address

_____ Who will drop off the child at school? _____ Who will pick up the child from school?
(List anyone who has permission to pick up.)

Select One:

- I want my child to be dropped off or picked up at the above caregivers address.
- I decline midday transportation.

_____ Parent Signature _____ Date Signed