



Application for Attendance
Four-Year-Old Preschool
2020-2021 School Year

Complete and return to:
R. V. Haderlein Elementary
520 West Prairie
Girard, KS 667743

Child's Legal Name
Child's Date of Birth
Child's Gender: Male Female
Child lives with: Both Parents Father Mother Foster Parent(s) Other \*
Child's Physical Address City State
Mailing Address (if different) City State
Home Phone Cell Phone Work Phone
Email Address
Parent Status: Married Divorced Separated Widowed Single
Mother's Name Mother's Date of Birth
Father's Name Father's Date of Birth
Has your child or any child in the home participated in the: Parents As Teachers, SEK Head Start Birth to Three Program? Child/children name(s)
Does your child have an IEP (Individual Education Plan)? Yes No
Speech Services Learning Disabilities Developmentally Delayed
AM/PM Class Preference? Morning Class Afternoon Class No preference
If your child has a case number for Food Assistance, TAF or FDPIR, please list here

Child must be Toilet Trained (unless manifestation of IEP)

Please read the information/guidelines carefully. Sign and return no later than April 20, 2020.

- 1. I understand that my child must participate in a developmental screening each year. If concerns are present I may ask for permission to have more evaluative work completed.
2. If excessive office referrals or absences, the child may be dropped from program.
3. Out of district students may be considered, however, eligible in district students will be placed first.
4. I understand there will be an enrollment fee of \$15.00.

I have read the above guidelines and agree to follow them if my child is selected.

Parent Signature

Date

Date Application Received

\*Is this the Legal Guardian?

**New Expanded Options to Attend  
USD 248 Girard  
Four-Year-Old Preschool**

Children must be four years of age on or before August 31, but cannot have reached their fifth birthday. Depending on numbers, students whose birthday is after August 31, may be added at a later date.

If any of the following apply, please check:

- Child lives in a single-parent home
- Child has a parent who was a teen parent
- Child has a parent lacking a high school diploma or GED
- Qualifies for free lunches. Must turn in a free/reduced lunch form (attached)
- Developmentally or academically delayed (not requiring Special Education services)
- DCF referral/Foster Care
- Limited English proficiency  
What language is spoken in the home? \_\_\_\_\_
- Child qualifies for Migrant status
- Homeless

Please complete the application on the back and return it to:

R. V. Haderlein Elementary  
520 W. Prairie  
Girard, KS 66743  
620-724-4327

**Part 1. Foster Child**

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.

**Part 2. Total Household Gross Income**

**You must tell us the amount of gross income received and how often it is received – weekly, every 2 weeks, twice a month, monthly, yearly.**

List Names of ALL Household Members	Date of Birth	Earnings from Work before deductions (including overtime)		Other Regular Income: Welfare, Child Support, Alimony, Pension, Social Security, Other		Temporary Income: Strike Benefits, Unemployment, Worker's Comp		Check if ZERO Income
		Amount	How Often	Amount	How Often	Amount	How Often	
1.		\$		\$		\$		<input type="checkbox"/>
2.		\$		\$		\$		<input type="checkbox"/>
3.		\$		\$		\$		<input type="checkbox"/>
4.		\$		\$		\$		<input type="checkbox"/>
5.		\$		\$		\$		<input type="checkbox"/>
6.		\$		\$		\$		<input type="checkbox"/>
7.		\$		\$		\$		<input type="checkbox"/>
8.		\$		\$		\$		<input type="checkbox"/>

For Office Use Only

Approved  Denied Notes \_\_\_\_\_

Date Application Received \_\_\_\_\_