

# New Expanded Options to Attend

USD 248 Girard

Four-Year-Old Preschool

**Developmentally Appropriate Preschool**

**Now Taking Applications**

Children must be four years of age on or before August 31, but cannot have reached their fifth birthday and must meet at least **one** of the criteria listed below.

- Living in a single-parent home
- Have a parent who was a teen parent
- Have a parent lacking a high school diploma or GED
- Low income (qualifies for free lunches)
- Developmentally or academically delayed (not requiring special education services)
- DCF referral
- Limited English proficiency
- Child qualifies for Migrant status
- Model student (Meeting none of the above criteria. Very limited space is available.)

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

Haderlein Elementary

520 West Prairie

Girard, KS 66743

620-724-4327



# Application for Attendance Four-Year-Old Preschool 2019-2020 School Year

**Complete and return to:**

USD 248 Girard  
Board of Education Office  
415 N Summit St  
Girard, KS 66743  
or Haderlein Elementary (August through May)

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's 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 \_\_\_\_\_

Mother's Highest Education Level:  High School Diploma  GED  Other \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Date of Birth \_\_\_\_\_

Father's Highest Education Level:  High School Diploma  GED  Other \_\_\_\_\_

Is either parent currently active military?  Yes  No

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

Mailing Address \_\_\_\_\_

Home/Message Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Is your child receiving any special services, (i.e. speech therapy, learning disabilities, mentally handicapped, other)? Does your child have an IEP for any service (Individual Education Plan)?  Yes  No

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

How did you hear about this program? \_\_\_\_\_

AM/PM Class Preference?  Morning Class  Afternoon Class  No Preference

Has your child or any child in the home participated in the Parents as Teachers or Birth to Three Program ?

Yes  No Child's name: \_\_\_\_\_

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

**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 <input type="checkbox"/> Approved <input type="checkbox"/> Denied Notes _____	Date Application Received _____
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