



Four-Year-Old Preschool Application 2021-2022 School Year

Complete and return to:
R. V. Haderlein Elementary
520 West Prairie
Girard, KS 667743
(620) 724-4327

PLEASE FILL THIS FORM OUT COMPLETELY (FRONT AND BACK)

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

If your child has a case number for Food Assistance, TAF or FDPIR, please list here _____

PLEASE READ THE INFORMATION/GUIDELINES CAREFULLY.

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.

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

Parent Signature

Date

Date Application Received

**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.

CHECK ALL THAT APPLY

- 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
- None of these apply

THIS SECTION MUST BE COMPLETED

Part 1. Foster Child								
<input type="checkbox"/> 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"/>

<p>For Office Use Only</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied Notes _____</p>	<p>Date Application Received _____</p>
--	---