

PreKindergarten Program Application

Alfred-Almond School District

Today's Date _____

Student's Legal Name: _____

Last Name

First Name

Name Called: _____

Male Female Date of Birth _____ Social Security # _____

Is Student Hispanic, Latino or Spanish origin? Yes No

Ethnic Group/Race: American Indian/Alaska Native Asian Black/African American

White Native Hawaiian or Other Pacific Islander

Birth Place: _____

City

State

Country

What was the first language your child learned? _____ Language spoken most often: _____

Did your child attend preschool as a 3 year old? Yes No If yes, where? _____

Does your child need to take medication at school? Yes No If yes, what? _____

Does your child have special medical problems/allergies/drug allergies? Yes No If yes, please explain: _____

Please indicate the following in case of an emergency.

Physician: _____ Phone # _____

Dentist: _____ Phone # _____

Does your child receive any of the following services? Special Education/IEP 504 Plan

ESL PT OT Speech Accelerated Learning Other Please Explain: _____

House Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing Address if different: _____

Do you: own () rent () or share residence with another family ()

If you share this residence with another family, list family/owner's name: _____

Home Telephone: _____ Is this a cell phone? Yes No

Parent/Guardian Status: Married Separated Divorced Single

Student resides with: **Both natural parents** **One natural parent** **Natural parent/Step parent** **Guardian** **Foster**

Parent/Guardian 1: Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Parent/Guardian 2: Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Additional parent/guardian that should receive correspondence but student does not live with:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone _____

Work Phone: _____ Email: _____

Is either parent/guardian a civilian employee on federal property or on active duty in the uniformed services? _____

Please list the names and ages of siblings under 18:

I understand that my child is not guaranteed a spot in the UPK program by my submittal of this application and that the number of children the District can serve will be determined by UPK funds identified in the annual State budget. Additionally, I understand that if the District receives more applications than the available number of slots a random selection process will be applied as required by New York State.

Parent/Guardian(s) Signature:

-----**Office Use Only**-----

Application Received: _____

Proof of Residency: _____

Bus #: _____

Birth Certificate ()

Enrolled () By: _____

Immunization Record ()

Homeroom: _____