

DEPARTMENT OF EDUCATIONDIVISION OF CURRICULUM & INSTRUCTION

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UNIVERSAL PRE-KINDERGARTEN APPLICATION SCHOOL YEAR 2023-2024

CHILD'S INFORMATION						
Last Name:		First Name:		Middle Initial:		
Date of Birth:		Sex:		Social Security No.:		
Current Home Address:						
City:		State:		ZIP Code:		
Mailing Address (if different from home address):						
City:		State:		ZIP Code:		
Citizenship: [] U.S. [] FSM [] Belau [] Resident Alien [] Non-Resident						
Ethnicity (Check all that apply): [] American Indian/Alaskan [] Asian [] African American [] Caucasian [] Pacific Islander [] Other — Specify:						
Child's Primary Language:			Family's Primary Language:			
FAMILY INFORMATION						
Mother / Guardian (Circle One) Last, First, Middle:				Father / Guardian (Circle One) Last, First, Middle:		
Home Address:			Home Address:			
Mailing Address (if different from home address):			Mailing Address (if different from home address):			
Home Phone #:	Cell Phone #:		Home Phone #: C		Cell Phone #:	
Work Phone #:	Email Address:		Work Phone #:		Email Address:	
Date of Birth:	Ethnicity:		Date of Birth:		Ethnicity:	
Occupation:	Full / Part Time:		Occupation: F		Full/Part Time:	
Emergency Contact Person: Relatio		Relation:	1	Primary Phone #:	Alternate Phone #:	
Mailing Address:			Home Address:			
1. Has your child received or are they currently receiving early intervention or Special Education services? □No □Yes If yes, what services:			2. Does your family receive or participate in public assistance program(s)? □No □Yes If yes, what services:			
PLEASE READ AND SIGN						
I certify that the above information is true and correct. I understand that this information will be used to determine the eligibility of my child for the Prekindergarten Program. I understand that the deliberate misrepresentation of the information may result in the dismissal of my child's participating in the Prekindergarten Program. This program does not discriminate based on disability in accordance with the Americans with Disabilities Act.						
Print Name:					Date:	
Signature:					Time:	
Reviewed by:				Submitted Date:		