

Kenai Peninsula Borough School District
Title I PRE-K Application

Seward Elementary

PO Box 247
600 Sea Lion Drive
Seward, AK 99664
907-224-3356

SECTION 1 – CHILD INFORMATION

Child's Name: _____
Last First Middle Nickname

Date of Birth: _____ **Gender:** _____ (*Female / Male*)

Mailing Address: _____

Physical Address: _____

Language spoken other than English: _____

SECTION 2 - FAMILY INFORMATION

Father: _____
Full Name Employer

Phone: _____ / _____ / _____ / _____
Home Work Cell Message

Email Address: _____

Mother: _____
Full Name Employer

Phone: _____ / _____ / _____ / _____
Home Work Cell Message

Email Address: _____

Child primarily resides with: _____

Emergency Contact Person: _____
Name Contact Phone

Name Contact Phone

Schools currently attended by siblings _____

Has this child ever been enrolled in a Preschool Program?

Yes _____ No _____ Where? _____ Dates _____

Is this child, or his/her siblings eligible for services under (please mark all that apply)

Migrant Education _____ ELL (English Language Learner) _____

Special Education _____ Free or Reduced Lunch _____

REQUIREMENTS:

- REGULAR ATTENDANCE IS EXPECTED:** You will be contacted if your child has numerous absences or tardies. He/she will be placed on PROBATIONARY STATUS and could be removed from the program.
- TRANSPORTATION TO AND FROM THE PROGRAM IS NOT PROVIDED:** It is up to you to arrange transportation to and from the program in a timely manner. Excessive lateness in picking up / dropping off may result in your child being removed from the program.
- PARENT INVOLVEMENT:** Parents/guardians are strongly encouraged to volunteer in the Title I PRE-K program. Research has shown that parent involvement in the education process is vital for student success

I would be interested in volunteering in the following capacity: *(Circle ALL that apply)*

Room Volunteer	Bulletin Board <i>(can be completed at your home)</i>	Materials Preparation <i>(can be completed at your home)</i>
Snack/Recess Aide	Phone Tree Parent	Other:

All information supplied will be held in strict confidence by the administration.

Student acceptance into this program will be based on results from an initial assessment. Screenings will take place in late April or early May. A fall screening may be available if there is still room in the program for additional students. Please contact your neighborhood school for screening dates and locations and to schedule an appointment. Students must be 4 years of age on or before Sept. 1.

Parent/Guardian Signature _____ *Date* _____

For Office Use:

Pre-Screening Contact:	Screening Date/Time:	Post Screening Contact:
1.	Qualified	1.
2.	Waitlist	2.
3.	Did Not Qualify	3.