

**2016– 2017 VANCE COUNTY SCHOOLS PRE-K APPLICATION**

ATTENTION PARENTS: IF YOU HAVE A CHILD WHO WILL BE **4 YEARS OLD ON OR BEFORE AUGUST 31, 2016**, PLEASE COMPLETE THIS FORM AND RETURN IT TO THE SCHOOL IN YOUR ATTENDANCE DISTRICT.

FOR REGISTRATION PURPOSES, **PARENTS MUST BRING** A COPY OF THEIR CHILD'S BIRTH CERTIFICATE, SOCIAL SECURITY CARD, PROOF OF RESIDENCE, AND IMMUNIZATION RECORD TO THE SCHOOL.

Note: **Please print legibly** the following information:

Child's Name: \_\_\_\_\_  
                            First                            Middle                            Last                            Nickname

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Race: \_\_\_\_\_  
  Month   Day   Year

**Physical Address: (required) Physical address where the child lives**

\_\_\_\_\_   
                    Street/Route                            City                            Zip Code

Mailing Address: \_\_\_\_\_  
                            Street/Route /PO Box                            City                            Zip Code

Home Phone Number: \_\_\_\_\_ or \_\_\_\_\_  
  Neighbor's/Closest Relative's

Home address is (check one): owned \_\_\_\_\_ rented \_\_\_\_\_ hotel/motel/shelter

Mother's Name: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

**I UNDERSTAND THAT COMPLETION OF THIS FORM DOES NOT INSURE THAT MY CHILD WILL PARTICIPATE IN THE PRE-KINDERGARTEN PROGRAM.**

**MY SIGNATURE VERIFIES THAT MY CHILD AND I LIVE CONTINUALLY AT THE ADDRESS LISTED ON THE FORM.**

\_\_\_\_\_ Date \_\_\_\_\_  
Parent's/Legal Guardian's Signature

For Office use only: School District: _____ In District: ___ Out of District: ___
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