

PRESCHOOL: _____
SCHOOL ZONE: _____

**DANVILLE PUBLIC SCHOOLS
PRESCHOOL APPLICATION FORM**

Name of Child _____ Sex _____ Race _____
(Last) (First) (Middle) (Nickname)

Address of Child _____ Zip _____

Birthplace _____ Date of Birth _____ Birth Certificate # _____
(City) (State)

Home Phone # _____ Cell Phone # _____ Other Phone # _____

Name of Father _____ Address of Father _____

Name of Mother _____ Address of Mother _____

Child lives with: Both Parents Mother Father Other* _____ (must have custody order)
(Relationship)

*Name _____ Address _____

Father's Employment _____
(Place) (Hours) (Dept.) (Phone)

Mother's Employment _____
(Place) (Hours) (Dept.) (Phone)

Emergency Contact Person _____
(Name) (Phone) (Relationship)

List names of brothers/sisters that are preschool (age 4) through 12th grade:

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Daycare/Preschool Experience: Yes No If yes, where and for how long? _____

Is your child presently enrolled in a daycare/preschool program? Yes No

If yes, where? _____

My signature below gives permission for Danville Public Schools to verify residency with my landlord.

Parent/Guardian's Signature _____

Date _____

For Office Use Only:	<input type="checkbox"/> Title I	<input type="checkbox"/> Virginia Preschool Initiative
<input type="checkbox"/> Not on Head Start Roster	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Social Security Information
<input type="checkbox"/> Address Verification _____	<input type="checkbox"/> Physical _____	<input type="checkbox"/> Immunization Record _____
<input type="checkbox"/> Verification of School Zone	<input type="checkbox"/> Toilet Trained	<input type="checkbox"/> Preschool Screening Forms
		<input type="checkbox"/> Application
		<input type="checkbox"/> Initial Entrant Screening Notification
		<input type="checkbox"/> School Entrance Health Information Form
		<input type="checkbox"/> Home Language Survey
		<input type="checkbox"/> Permission Slip

THE BACK PAGE OF THIS APPLICATION MUST BE COMPLETED



The following checklist will be used as one part of the identification of children for the preschool programs in the Danville Public Schools.

Income Eligible for the following: *Check all that apply.*

- Total Income:** \$7,500-\$12, 500 \$12, 501-\$17,500 \$17,501- \$22, 500 \$22,501 & up
- temporary assistance for needy families (TANF) SSI child is in foster care Medicaid
- free or reduced meals as noted in the U.S.D.A. guidelines FAMIS food stamps and/or WIC
- Are there medical/emergency circumstances that reduce the family net income (i.e.: chronic illness, accidents, etc.)?
- Is either parent working only part-time or minimum wage job? Do you own or rent your home? _____
- Is either parent (or guardian) unemployed? Which parent or guardian? _____

Environment *Please check all that apply.*

- transient/homeless family family history of domestic violence family history of substance abuse
- single parent family teen parent guardian other than parent (grandparent, foster parent, other)
- family history of incarceration unemployed family member
- living in public housing development or receive housing assistance.
- Is there a language other than English spoken in the home? __ yes __ no If yes, which language? _____

Family *Please check all that apply.*

- Total # in family:** _____ **Adults** _____ **Children** _____
- Who does child live with?** Both parents Mother Father Joint Custody Guardian
- Foster parent Other _____ (relationship)
- verified disability in the family family history of mental problems family history of special education identification death of family member overwhelmed by child rearing sibling history of difficulties in school
- family history of school dropouts family history of truancy substandard housing blended/step family
- List highest grade in school completed by Mother: _____ List highest grade in school completed by Father : _____
- Is there anyone (adult) in the home with limited or no reading/writing ability? Identify person and relationship.

Have there been any situations where the family has been under a great deal of stress recently? (Examples may include serious family health problems, incarceration, family tragedy, transition of family, conflict over custody) Please explain.

Child Observations

- English as a Second Language emotional concerns behavior concerns speech/language problems
- aggressive behavior shy/withdrawn slow to develop as infant/toddler delays in physical development
- physical/social isolation short attention span/excessively active child has never attended preschool
- child has had a psychological evaluation. If yes please specify diagnosis: _____

Other

Are there any special circumstances that you may want us to know in considering your child for enrollment in the preschool program? _____
Is the child currently enrolled in a preschool program? If so, where? _____
Significant delays of 25 % or more in two areas or a delay of 50% or more in one area will be evaluated by the Early Childhood Special Education program and placement determined in the least restrictive environment.

Interviewer: _____ Date: _____

Parental Agreement:

- I understand the purpose and selection criteria for enrollment in the Danville Public School Preschool program for At-Risk Four Year Olds as explained to me.
- I understand that should my child be accepted for enrollment, as my child’s parent or guardian, I will be expected to participate in the activities designed to support my child’s needs.
- I understand that should my child be accepted for enrollment, as my child’s parent or guardian, I am expected to get my child to school on a regular basis and on time. **Excessive tardies or absences can put my child’s continued Preschool enrollment in jeopardy.**
- I understand that the individual child information that I have provided will be held in confidence and will be used only for determining the eligibility for my child’s enrollment in the Danville Public Schools Preschool program for At-Risk Four-Year Olds. Collective data from the participants in this program may be used to form a profile for educational review, planning, and family needs assessment.
- I understand that no additional information or responses to these questions will be received for consideration in my child’s selection after this date.
- I understand that the responses offered in this interview and the results of the preschool screening instrument administered to my child will be used to determine eligibility and selection.

I have, to the best of my ability, answered the questions **completely and truthfully.**

Signature: _____ Date: _____