

# Valley Falls USD 338

## Pre-School Pre-Enrollment Application

(All Information recorded is CONFIDENTIAL)

**Student Information:**

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Ks, ZIP** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mother's Ethnicity:**

- \_\_\_\_\_ American Indian
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black/African American
- \_\_\_\_\_ Native Hawaiian
- \_\_\_\_\_ White
- \_\_\_\_\_ Hispanic/Latino

**Father's Ethnicity:**

- \_\_\_\_\_ American Indian
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black/African American
- \_\_\_\_\_ Native Hawaiian
- \_\_\_\_\_ White
- \_\_\_\_\_ Hispanic/Latino

**I prefer my child enrolled in the morning / afternoon (circle one) session.**

**Please check all of the following, which apply to your family situation. (The school is eligible for additional funding if a student relates to one of the following categories.)**

\_\_\_\_\_ Single Parent Family

\_\_\_\_\_ Teen Parent

\_\_\_\_\_ Parent does NOT have a high school diploma or a GED

\_\_\_\_\_ Limited English Speaking Family

\_\_\_\_\_ Your child has been assessed (tested) and determined to be developmentally or academically delayed.

Agency or individual, which provided this assessment: \_\_\_\_\_

**For qualifying enrollment purposes, please provide current household income and information, below.**

List the Names of ALL Household Members	Monthly Earnings (Before Deductions)	Monthly Welfare, Child Support, Alimony	Monthly Pension Payments, Retirement, Social Security, Other Income	Monthly Temporary Income, Strike Benefits, Unemployment, Worker's Comp
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$
6.	\$	\$	\$	\$
7.	\$	\$	\$	\$
8.	\$	\$	\$	\$
9.	\$	\$	\$	\$

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_