

FOUR YEAR-OLD PRESCHOOL APPLICATION

(Nickerson Elementary, Kid Crossing and South Hutchinson Elementary)

USD 309, Nickerson – South Hutchinson Schools

4501 West 4th Avenue, Hutchinson, KS 67501

Phone: (620) 663-7141

Parents - Your child must be four years old by August 31st to be eligible.

1. Child's Name (First, Middle, Last) _____ Gender: Male Female
2. Name of parent with whom the child lives _____ Ethnic Origin: _____
3. Address _____ Child's Date of Birth _____
City _____ Zip code _____
Phone number _____ Other Phone Number _____
4. Will you need bus transportation? (must be in USD 309's area) YES NO If YES, place address where child will be picked up. _____
5. Home School District: (Check the one that applies)
 Hutchinson 308 Nickerson 309 Fairfield 310 Buhler 313 Pretty Prairie Haven 312
6. Was the child referred to this program by: SRS? by Parents as Teachers? by Early Education Center?
7. Does the child have an IEP for special services? _____
8. Father's Name _____ Date of Birth _____
Highest educational level (i.e. grade in high school, H.S. diploma, GED, College) _____
9. Mother's Name _____ Date of Birth _____
Highest educational level (i.e. grade in high school, H.S. diploma, GED, College) _____
10. Marital Status: Married Separated Single Divorced
11. Is a parent serving in the armed forces? YES NO
12. Is a parent incarcerated? YES NO
13. Is a language other than English spoken at home? YES NO If yes, what language? _____
14. List any special health or learning needs of your child _____
15. Would you prefer a morning or afternoon session? Morning Afternoon (This is no guarantee, but we will do our best to accommodate)
Nickerson Elementary classes meet only in the afternoons.
Kid Crossing (Unified Methodist Church) classes meet only in the mornings.

* A completed "Application for State At-Risk Funds" must accompany this form before a student can be accepted for the program. Please return all applications to the address at the top of this page.

---For Office Use Only-----

Referral _____ Source of referral _____ Income _____
LEP _____ DD _____ TP _____
PEL _____ SP _____ Non _____
Approved by _____ Date: _____

Site student will attend: Nickerson Elementary Kid Crossing (United Methodist Church) South Hutchinson Elem.

If at South Hutchinson, the session the student will attend is: Morning Afternoon

(1/11/11)