AUBURN-WASHBURN STATE PRE-KINDERGARTEN PROGRAM

4 YEAR OLD PRESCHOOL APPLICATION – 2021-22 School Year

(The State Pre-Kindergarten Program is not a special education program or service.)

This is an application for the district's State Pre-Kindergarten Program. Please return this application to Jill Gratton, USD 437 Administrative Office, 5928 SW 53rd Street, Topeka KS 66610; grattjil@usd437.net

Please Note: **1. You must be a resident of USD #437, and**
2. your child must be 4 years of age by August 31, and
3. you must meet ONE of the Need Indicators to be accepted into the program.

Child's Name: _____ _____ Select One:
First Name Last Name Gender

Age: _____ Birth Date: month ____ day ____ year ____ Social Security #: _____

Where will your child attend Kindergarten? _____

Parent/Guardian Name(s): _____

Residential Address: _____ City: _____ Zip: _____

Mailing Address if different: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Need Indicators

Please Note: The following questions are asked to meet the requirements for the State Pre-Kindergarten Program. Your response in volunteering the information will be held in strict confidence.

- Has this child been evaluated & found to have a developmental or academic delay lower than typically expected for their age, yet above what is considered eligible for special education services? **If yes, a report documenting delay must be submitted.** ☐ Yes ☐ No
- Does this child's parent speak limited English and does this child appear to have limited English proficiency? **If Yes, an assessment is required.** ☐ Yes ☐ No

If Yes:
Language(s) spoken at home: _____
Date of child's entry into the U.S.: _____

- Did this child have one parent who was age 19 or younger at birth? ☐ Yes ☐ No
- Does either parent lack a high school diploma or GED certificate? ☐ Yes ☐ No
- Is this child in a single parent family? ☐ Yes ☐ No
- Is there a written referral from KS Dept for Children & Familes for this child? ☐ Yes ☐ No
- Are the parents migratory agricultural workers? The COE must be in the child's file. ☐ Yes ☐ No
- Is the child homeless? Student must be included by the USD 437 district office on the KIDS Collection System as homeless. ☐ Yes ☐ No
- Does this child qualify for the free school lunch program? ☐ Yes ☐ No
  (**All families will be asked to complete an "Application for Child Nutrition Program Benefits" to verify qualification for the 2020-21 and/or 2021-22 school year.)**

Monthly Family Income $ _____ Family Members in Home: _____

I certify that the information provided in support of this application is accurate and truthful to the best of my knowledge.

Signature: _____ Date: month ____ day ____ year ____