

## AUBURN-WASHBURN STATE PRE-KINDERGARTEN PROGRAM

3 or 4-YEAR-OLD PRESCHOOL APPLICATION: 2023-2024 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 to Renae Silvers; Shuler Education Center, 5928 SW 53<sup>rd</sup> Street, Topeka, KS. 66610; [silveren@usd437.net](mailto:silveren@usd437.net)

**Please Note:**

- You **MUST** be a resident of USD 437
- Your child **MUST** be 3 or 4 years of age by August 31
- 3-year-olds **MUST** meet **TWO** of the Need Indicators to be accepted into the program
- 4-year-olds **MUST** meet **ONE** of the Need Indicators to be accepted into the program

Child’s Name: First \_\_\_\_\_ Last \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Where will your child attend Kindergarten? \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Residential Address: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**NEED INDICATORS: CIRCLE YES or NO**

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

**Yes** \_\_\_ **No** \_\_\_ 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. If yes: Language(s) spoken at home:** \_\_\_\_\_

**Yes** \_\_\_ **No** \_\_\_ 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 this child monitored by KS Dept. for Children & Families in foster/kinship care or out-of-home placement?

**Yes** \_\_\_ **No** \_\_\_ Are the parents’ migratory agricultural workers? **The COE must be in the child’s file.**

**Yes** \_\_\_ **No** \_\_\_ Is this child homeless? **Student must be included by the USD 437 district office on the KIDS Collection System as homeless.**

**Yes** \_\_\_ **No** \_\_\_ Does this child lack health insurance?

**Yes** \_\_\_ **No** \_\_\_ Does this family qualify for assistance in paying for school meals? **(All families will be asked to complete a Child Nutrition Program form to verify qualification for the 2023-24 school year.)**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_