

Colonial Heights Public Schools Pre-Kindergarten Program for Four-Year-Old Children APPLICATION 2019 – 2020 School Year

Colonial Heights Public Schools provides a Pre-Kindergarten program for four-year-old children. The goal of the program is to provide a healthy learning environment that addresses the needs of those children whose social or economic conditions may place them at risk for poor school performance. Children are selected for this program based on guidelines developed by the Virginia Preschool Initiative. Priority is given to children with the greatest number of factors impacting their environment. This is not a first-come, first-served program. Children must live in the city of Colonial Heights, be four years of age by September 30th of the enrollment year, and be toilet trained in order to be eligible for the program.

A COPY OF YOUR DEED OR LEASE, PLUS PROOF OF INCOME (2018 FEDERAL TAX RETURN) MUST BE ATTACHED. THIS APPLICATION MUST BE COMPLETELY FILLED OUT IN ORDER TO BE CONSIDERED FOR THE PROGRAM.

Please **circle** the name of your home elementary school: LAKEVIEW NORTH TUSSING

Please print clearly:

Child's Name: _____ Nickname: _____

Sex: _____ Age: _____ Birth Date (month/day/year) _____

Street Address: _____ Phone # _____

This residence is owned by: _____ Child's Parent _____ Child's Grandparent _____ Landlord (apartment or house)
_____ Other: please specify _____

Mother/Guardian: _____ Marital Status: _____ married _____ single

Home Address: _____ Phone # _____

Place of Employment: _____ Phone # _____

Annual Income (*before taxes*): _____ **Attach a copy of page 1 of your 2018 Federal Tax Return with gross income and child listed as dependent. *required***

Father/Guardian: _____ Marital Status: _____ married _____ single

Home Address: _____ Phone # _____

Place of Employment: _____ Phone # _____

Annual Income (*before taxes*): _____ **Attach a copy of page 1 of your 2018 Federal Tax Return with gross income and child listed as dependent. *required***

If military, is a parent presently deployed or scheduled for deployment this year? _____ Yes _____ No

Does the child live with someone other than a parent? _____ Yes _____ No

If **yes**, please indicate relationship: _____ Do you have legal custody? _____ Yes _____ No

Additional Income for child or family	YES	NO	Amount currently receiving each month
_____ Child Support and/or Alimony	_____	_____	_____
_____ Unemployment	_____	_____	_____
_____ Social Security	_____	_____	_____
_____ SSI (Supp. Security Income)	_____	_____	_____
_____ TANF	_____	_____	_____
_____ Pension (retirement)	_____	_____	_____
_____ Financial assistance from outside the household.	_____	_____	_____

INFORMATION FOR BOTH PARENTS IS REQUIRED, even if one parent is NO longer involved with the child.

Circle highest grade completed:

Mother:	did not finish high school	GED	high school diploma	some college	college degree
Father:	did not finish high school	GED	high school diploma	some college	college degree

Is either the mother or father currently incarcerated? _____

Please list **EVERYONE LIVING IN THE HOME** in the space below:

NAME	AGE	RELATIONSHIP TO CHILD
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child receive services for special needs? _____ Yes _____ No

If yes, please explain: _____

Child's Developmental History
PLEASE PRINT CLEARLY

1. How much did your child weigh at birth? _____
2. Do you have concerns about your child's
 - Speech and language development _____ Yes _____ No
 - Hearing or vision _____ Yes _____ No
 - Physical development _____ Yes _____ No
 - Social / emotional development _____ Yes _____ No

If you answered **Yes** to any of the questions in *question 2* on the pervious page, please explain below.

3. How does your child interact or play with other children of similar age? _____

4. Has your child had any serious illness, allergies, surgery, or major accident? _____ Yes _____ No
If yes, please explain _____

5. Is your child completely toilet trained? _____ Yes _____ No

6. Does your child speak English? _____ Yes _____ No

Does your child speak a language other than English? _____ Yes _____ No

If yes, please indicate languages spoken _____

What language is primarily spoken in the home? _____

7. Please explain why you want your child to attend the Pre-Kindergarten Program. _____

8. Is there anything else about your child that you would like us to know when evaluating this application? _____

This application has been completed by _____

RETURN THIS APPLICATION, A COPY OF YOUR DEED OR LEASE, AND A COPY OF THE FIRST PAGE OF YOUR 2018 FEDERAL TAX RETURN SHOWING GROSS INCOME WITH CHILD LISTED AS DEPENDENT TO YOUR HOME ELEMENTARY SCHOOL OR THE COLONIAL HEIGHTS PUBLIC SCHOOL ADMINISTRATION OFFICE. NO LATER THAN APRIL 26, 2019.

REMINDER: This is **NOT** a first-come, first-served program. Applications will be screened to determine eligibility. Notification letters will be mailed by May 15th to let you know if your child has been accepted or placed on the wait list.



For additional information please call: Doris Swearingen
Instructional Secretary
524-3400, ext. 11