

FOUR YEAR OLD STATE PREK PROGRAM APPLICATION

*****MUST BE 4 ON OR BEFORE AUGUST 31*****

Child Information

<hr/> Name (First-Middle-Last)	<hr/> Gender	<hr/> Birthdate
<hr/> Address		<hr/> City <hr/> State <hr/> Zip
<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Either (SES Only) Which session do you prefer?	<input type="checkbox"/> Yes <input type="checkbox"/> No Is the child on an IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you located in-district?

Parent/Guardian Information

<hr/> Name	<hr/> Birthdate	<hr/> Relationship to Child
<hr/> Cell Phone	<hr/> Home Phone	<hr/> Email
<hr/> Name	<hr/> Birthdate	<hr/> Relationship to Child
<hr/> Cell Phone	<hr/> Home Phone	<hr/> Email

Criteria for Four-Year-Old State PreK Program

(Please answer each of the following questions. Must meet at least one of the following to qualify.)

Free Meals -Do you anticipate the child qualifying for free meals under the National School Lunch Program on September 20, 2024. (Family must complete paperwork at enrollment.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Single Parent Family -Will the child's custodial parent be unmarried on the first day of school in August?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the child have a DCF Referral? (The reason for referral must describe the need for the child to attend the State Pre-Kindergarten Program program and be documented and signed by the DCF agent.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Teen parent -Was at least one parent a teen when the child was born?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Either parent is lacking a high school diploma or GED On the first day of school in August, is either parent lacking a high school diploma or GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Migrant Status -Does the child qualify for migrant status? (There must be a copy of the Certificate of Eligibility on file.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Limited English Proficiency - Is a language other than English the primary language spoken in the home? (The student must qualify for bilingual weighting and ESOL services must be provided.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Homelessness -Is the child homeless? (I.e. shelter, shared housing, vehicle.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Parent/Guardian Signature

Date

*****DO NOT WRITE BELOW THIS LINE*****

Educator Use Only

Does the child have lower than expected Developmental Progress in at least one of the following areas: Cognitive Developmental; physical development; communication/literacy; social-emotional/behavior; adaptive behavior/self-help skills? Dial 4 Percentile Results: Motor: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Concepts: _____ Language: _____ Self-Help: _____ Social-Emotional: _____	<input type="checkbox"/> Not Screened	
Does the child qualify for the Four-Year-Old State PreK Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Mid-Day Pre-School Transportation (Within City Limits) Request Form

The Board of Education of USD 113 approved midday bussing for preschool students including those within the city limits of Axtell, Sabetha, and Wetmore. Students who complete preschool at 11:15 or begin pre-school at 11:50 will be eligible for pre-school transportation. The Board of Education has decided to include delivery of students to daycares if properly authorized by the parent.

One of the most important components is that the caregiver/parent must be present to meet the driver. Students who do not have a caregiver meet the bus will not be transported to or from school.

_____ Morning Afternoon
Student Name Student Class Session
(First-Middle-Last)

_____ Parent Name _____ Parent Phone _____ Parent Email

_____ Parent Address

_____ Caregiver Name _____ Caregiver Phone

_____ Caregiver Address

_____ Who will drop off the child at school? _____ Who will pick up the child from school?
(List anyone who has permission to pick up.)

Select One:

- I want my child to be dropped off or picked up at the above caregivers address.
- I decline midday transportation.

_____ Parent Signature _____ Date Signed

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