



**U.S.D. #257 Iola
Windsor Place
Four-Year-Old
State Pre-Kindergarten Program**



Developmentally Appropriate Pre-School

Children must be four years of age on or before August 31st, but cannot have reached their fifth birthday and must meet at least **one** of the criteria listed below.

- ~ living in a single parent home
- ~ have a parent who was a teen parent
- ~ have a parent lacking a high school diploma or GED
- ~ low income (qualifies for free lunches)
- ~ developmentally or academically delayed
- ~ SRS referral
- ~ limited English proficiency
- ~ child qualifies for Migrant status

Complete the application on the back and return it to:

**U.S.D. #257 Board of Education Office
305 North Washington
Iola, Kansas 66749**

or any Elementary Building (August through May)

If you have any questions, please contact:
U.S.D. #257 Board of Education Office at 620-365-4700.

Child's Name: _____ Birthdate: _____ Last 4 of Social Security #: _____

Street Address: _____
 City, State, Zip: _____

Gender: ___ Male ___ Female

Ethnicity/Race Information:

Hispanic: Yes No
 (Please circle one)

Race: ___ American Indian/Alaska Native (I)
 ___ Asian (A)
 ___ Black/African American (B)
 ___ Native Hawaiian/Pacific Island (P)
 ___ White (C)

Mailing Address: _____
 City, State, Zip: _____

Home Phone: _____
 *SCHOOL REACH Number: _____
 (This will be used for school closings, etc)

Primary Language Spoken in Home: _____

Child lives with: ___ Both Parents ___ Father ___ Mother ___ Foster Parent(s) ___ Other

Parent's Marital Status: ___ Married ___ Divorced ___ Separated ___ Widowed ___ Single

FATHER/GUARDIAN INFO.

MOTHER/GUARDIAN INFO.

EMERGENCY CONTACT INFO..

Name: _____
 Home Phone: _____
 Cell Phone: _____
 Employer: _____
 Work Phone: _____

Name: _____
 Home Phone: _____
 Cell Phone: _____
 Employer: _____
 Work Phone: _____

Name: _____
 Home Phone: _____
 Cell Phone: _____
 Employer: _____
 Work Phone: _____

Mother's Highest Education Level: ___ High School Diploma ___ GED ___ Other _____

Father's Highest Education Level: ___ High School Diploma ___ GED ___ Other _____

Permission for Internet ~ Web-Site ~ Newspaper ~ Field Trips:

- *I give permission for my child to access the Internet in accordance with USD #257's Internet Policy: YES NO
- *I give permission for my child's name and/or picture to be published on the District Web-Site and/or Local Newspaper: YES NO
- *I give permission for my child to go on school or classroom trips in the Iola area during the school year: YES NO

Is your child receiving any special services (i.e. speech therapy, learning disabilities, mentally handicapped, other) and/or do they have an IEP (Individual Education Plan)? YES NO

If child has a case number for Food Stamps, TAF, or FDPIR, please list here: _____
 (If child has a number, skip the following income information.)

Part 1. Foster Child								
<input type="checkbox"/> Check box if this application is for a child who is the legal responsibility of a welfare agency or court. List his/her monthly personal use income. If the foster child has no personal use income, write "0". \$_____ (Skip Part 2 if you answered Part 1)								
Part 2. Total Household Gross Income								
You must tell us the amount of gross income received and how often it is received – weekly, every 2 weeks, twice a month, monthly, yearly.								
List Names of ALL Household Members	Date Of Birth	Earnings From Work		Other Regular Income:		Temporary Income:		Check if ZERO Income
		Before deductions (including overtime)		Welfare, Child Support, Alimony, Pension, Social Security, Other		Strike Benefits, Unemployment, Worker's Comp		
		Amount	How Often	Amount	How Often	Amount	How Often	
1.								
2.								
3.								
4.								
5.								

For Office Use Only: Approved Denied
 Qualification/Notes: _____ Director Signature: _____