



NORTH LITTLE ROCK SCHOOL DISTRICT

PRESCHOOL PROGRAM

Preschool Program Student Application

2021-2022 SCHOOL YEAR

PRESCHOOL OFFICE USE ONLY:
Date & Time All Components
Complete:

3-YR-OLD

4-YR-OLD

APPLICANT (CHILD) NAME: \_\_\_\_\_

PRIMARY CAREGIVER INFORMATION (IN HOUSEHOLD WITH CHILD APPLICANT

NAME OF PARENT/GUARDIAN (First, middle last):
DATE OF BIRTH: GENDER:
CURRENT STREET ADDRESS:
CITY: STATE: ZIP CODE: COUNTY:
START DATE AT THIS ADDRESS: HAS FAMILY MOVED IN PREVIOUS 24 MONTHS? OWN \_\_\_ RENT \_\_\_ LIVE WITH FAMILY \_\_\_
HOME PHONE: CELLULAR #: EMERGENCY #: EMAIL:
PRIMARY LANG.: OTHER LANG.: LANG. SPOKEN AT HOME: INTERPRETER NEEDED:
RACE: ETHNICITY: LEVEL OF EDUCATION (HIGH SCHOOL, COLLEGE, OTHER)
DISABLED: MARITAL STATUS:
EMPLOYMENT STATUS: NAME OF EMPLOYER OR SCHOOL:
WORK/SCHOOL ADDRESS: CITY: STATE: ZIP CODE:
WORK/SCHOOL TELEPHONE: ANNUAL EARNED INCOME:

SECONDARY CAREGIVER INFORMATION (IN HOUSEHOLD WITH CHILD APPLICANT AND PRIMARY CAREGIVER)

NAME OF PARENT/GUARDIAN (First, middle last):
DATE OF BIRTH: GENDER: SOCIAL SECURITY #:
CURRENT STREET ADDRESS (Must be the same as Primary Caregiver):
CITY: STATE: ZIP CODE: COUNTY:
START DATE AT THIS ADDRESS: HAS FAMILY MOVED IN PREVIOUS 24 MONTHS? OWN \_\_\_ RENT \_\_\_ LIVE WITH FAMILY \_\_\_
HOME PHONE: CELLULAR #: EMERGENCY #: EMAIL:
PRIMARY LANG.: OTHER LANG.: LANG. SPOKEN AT HOME: INTERPRETER NEEDED:
RACE: ETHNICITY: LEVEL OF EDUCATION (HIGH SCHOOL, COLLEGE, OTHER:
DISABLED: MARITAL STATUS:
EMPLOYMENT STATUS: NAME OF EMPLOYER OR SCHOOL:
WORK/SCHOOL ADDRESS: CITY: STATE: ZIP CODE:
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HOUSEHOLD INFORMATION

Form with fields: DOES FAMILY RECEIVE FOOD STAMPS (SNAP)?, NUMBER IN HOUSEHOLD:, NUMBER IN FAMILY:, LIST THE NAMES AND RELATIONSHIP TO CHILD APPLICANT OF ALL HOUSEHOLD MEMBER: ONLY FAMILY MEMBERS ARE UTILIZED FOR ELIGIBILITY

CHILD APPLICANT INFORMATION
COMPLETE INFORMATION IS NEEDED: HEALTH/OTHER PROBLEMS DO NOT DISQUALIFY CHILDREN

Form with fields: NAME OF CHILD APPLICANT (First, Middle, Last), DATE OF BIRTH:, GENDER:, RACE:, ETHNICITY:, SOCIAL SECURITY #:, IS THIS CHILD A UNITED STATES CITIZEN?, DOES THIS CHILD LIVE WITH THE PRIMARY AND SECONDARY CAREGIVER?, DID THIS CHILD ATTEND A STATE-FUNDED PRESCHOOL BEFORE? (ABC/VOUCHER/HIPPY)?, IF SO, WHERE AND WHEN?, IS THIS CHILD CURRENTLY ENROLLED AT ANOTHER PRESCHOOL PROGRAM? (HEADSTART, PRIVATE, OTHER), IF SO, WHERE?, HAS THIS CHILD BEEN DISMISSED FROM ANOTHER PRESCHOOL PROGRAM(S) DUE TO ANY PROBLEMS EXPERIENCED?, IF SO, WHERE AND WHEN?, PRIMARY LANGUAGE:, OTHER LANGUAGE:, LANGUAGE USUALLY SPOKEN AT HOME:, CHILD'S LEVEL OF SKILL IN ENGLISH LANGUAGE:, MEDICAL INSURANCE (LIST), DOES CHILD HAVE ANY HEALTH PROBLEMS?, IS THIS CHILD RECEIVING SPECIAL EDUCATION SERVICES?, IS THIS CHILD IN FOSTER CARE?