



## 2021-2022 Wirt County Universal PreK Registration Application

Student Name: \_\_\_\_\_ Sex: Male / Female  
LAST First Middle

Birthdate (mm/dd/yr): \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace (City and State): \_\_\_\_\_

Immigration Information: AGE \_\_\_\_ Born Outside United States? \_\_\_\_ Yes \_\_\_\_ No

Student lives with (Name): \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Directions to Home (Be as specific as possible): \_\_\_\_\_  
\_\_\_\_\_

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

Are there any custody restrictions? \_\_\_\_ Yes \_\_\_\_ No

**\*NOTE: Any Custody Restrictions Must Be Documented By a Court Order.  
A Copy of the Court Order Must Be Provided.**

Native Language: \_\_\_\_\_ (household language)

EN=English SP=Spanish FR=French HI=Hindi JA=Japanese GF=German PT=Portuguese  
IT=Italian PO=Polish VT=Vietnamese HM=Hmong NA=Navajo CC=Chincese Cntonese  
CM=Chinese Mandarin TH=Thai CA=Cambodian KO=Korean TA=Tagalog LA=Laotian AR=Arabic  
RU=Russian CR=Creole (French) OT=Other

Ethnic Group:

Is Student Hispanic/Latino? \_\_\_\_ Yes \_\_\_\_ No

From racial categories below, circle one or more races with which you identify:

Asian Pacific Islander Black White American Indian/Alaskan Native

## Family Information:

**Father (Last name, First, MI)** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Father living in home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mother (Last name, First, MI):** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Mother Living in home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

## List Siblings and Dates of Birth:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is there a current Order of Protection or No Contact Order which concerns this student? \_\_\_\_ Yes \_\_\_\_ No  
If "yes" a copy of the order must be provided to the school office.

### Emergency Contacts:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Income Data:** Please complete the requested information below. \*The income information will be evaluated according to the "Income Guidelines" established by the United States Department of Health and Human Services to determine Head Start Eligibility.

**ALL INFORMATION WILL BE STRICTLY CONFIDENTIAL.**

**In the past year has anyone if your household received or been eligible for any of the following?**

\_\_\_\_ Supplemental Security Income (SSI)

\_\_\_\_ TANF/WV Works

\_\_\_\_ WIC

\_\_\_\_ Hud or Low Income

\_\_\_\_ SNAP

\_\_\_\_ Shared Housing

\_\_\_\_ WV Birth to Three

\_\_\_\_ Homeless

\_\_\_\_ Foster Care

\_\_\_\_ Living w/Family or Friends

### Educational History:

Child previously enrolled in:

\_\_\_\_ Child Care(Please list name) \_\_\_\_\_

\_\_\_\_ Head Start(Please list center name) \_\_\_\_\_

\_\_\_ WV Birth to 3

\_\_\_ Preschool(Please list center name)\_\_\_\_\_

\_\_\_ Other(Please list)\_\_\_\_\_

\_\_\_ Special Education Services(Please list)\_\_\_\_\_

Is the child toilet trained? \_\_\_Yes \_\_\_No

Other Concerns:\_\_\_\_\_

Income based on \_\_\_\_\_Last Calendar Year \_\_\_\_\_Previous 12 months  
\_\_\_\_\_Current Situation

*Please write the income amount in the blanks provided:*

Verifications: TANF\_\_\_\_\_1040 Tax Return\_\_\_\_\_W-2\_\_\_\_\_

Pay Envelope\_\_\_\_\_ Pay Stubs (6 months)\_\_\_\_\_Frequency\_\_\_\_\_

Signed employment statement\_\_\_\_\_

Public Assistance (dates)\_\_\_\_\_

Unemployment\_\_\_\_\_ (Attach to app) SSI\_\_\_\_\_ Child Support\_\_\_\_\_

Affidavit of no Income\_\_\_\_\_ (Attach to app) Workers Comp\_\_\_\_\_

Social Security Disability\_\_\_\_\_ Other Income\_\_\_\_\_

Family Unit\_\_\_\_\_ (Adults)\_\_\_\_\_ (Persons under 18)

Total Gross Income\_\_\_\_\_