



SLATE VALLEY UNIFIED PRESCHOOL PROGRAM
Pre-K Application Form - This information is confidential.
Please return this form to the school in the town you reside.

Date: _____

Student Name: _____
First Middle Last

Pre-Kindergarten: *Seeking enrollment for ARSU PreK program (Preference order 1, 2, 3)*

_____ Benson School _____ Castleton Elementary _____ Fair Haven Grade Sch.

Date of Birth: _____ Gender: M F

Phone: (____) _____ - _____

Town of Residence: _____

Ethnicity (**optional**): White (Non-Hispanic) Black Hispanic Asian Multiracial
 American Indian/Alaskan Native Native Hawaiian/Pacific Islands

Student's Primary Language _____

Previous School (if applicable): _____

Previous School Fax (if known): (____) _____ - _____

Circle one

Parent/Guardian 1 : _____

Date of Birth: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Email Address: _____

Residence Address: _____

Town: _____

Mailing Address: _____

Parent/Guardian 2: _____

Date of Birth: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Email Address: _____

Residence Address: _____

Town: _____

Mailing Address: _____

Does the student live with both natural parents? Yes If not please check below:

Mother Father Stepmother Stepfather Guardian Other: _____

Other Children in Family:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Did your child attend Pre-School? Yes No

If yes, where?

Does your child have any special needs?

IEP 504 157 ESL Allergies

Other: _____

Names of anyone who is forbidden (legally) to have access to this child:

(Attach a copy of court documents regarding who is forbidden to have access to this child.)

Is the above student

State-Placed? Yes No

If State-Placed please provide the following information:

Residence Town of mother: _____

Residence Town of father: _____

Educational Surrogate: _____

Transferred from another Vermont school? Yes No

Name of school transferring from: _____