



NORTH LITTLE ROCK SCHOOL DISTRICT

Early Childhood Program

Pre-K Student Application

2022-2023 SCHOOL YEAR

PRE-K OFFICE USE ONLY:

Date & Time All Components
Completed:

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:

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:

WORK/SCHOOL TELEPHONE:

ANNUAL EARNED INCOME:



NORTH LITTLE ROCK SCHOOL DISTRICT

PRESCHOOL PROGRAM

Preschool Program Student Application

2022-2023 SCHOOL YEAR

APPLICANT (CHILD) NAME: _____

HOUSEHOLD INFORMATION

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

NAME

AGE / SCHOOL (IF APPLICABLE)

CHILD APPLICANT INFORMATION

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

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?

Signature: _____ Date: _____