

Akron CPP Application for Enrollment

Assurance of Confidentiality: The information on this form is being requested on a voluntary basis. **ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.** Information is required for eligibility determination.

Child's Name: _____
First Name Middle Last Name

Date of Birth: _____ Gender Male Female

Language(s) child speaks: Primary: _____ Secondary: _____

Parent(s) Name(s): _____ Father Mother Guardian

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Parent(s) Name(s): _____ Father Mother Guardian

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Please answer the following questions completely:

1. Is your child currently on an IEP or IFSP? Yes No

2. Is your child eligible for free or reduced lunches? (A completed application for Free and Reduced Lunch must be on file in the Elementary/Jr. High School Office.)
Yes No

What is your family's monthly income(before taxes)? \$ _____

3. Is your child already receiving services as a neglected or dependent child from the Department of Human Services? Yes No If Yes, please explain what services are being provided: _____

4. Please list all residences lived in over the past 3 years:

◆ _____ # of Months _____

Reason for the move: _____

◆ _____ # of Months _____

Reason for the move: _____

◆ _____ # of Months _____

Reason for the move: _____

◆ _____ # of Months _____

Reason for the move: _____

(OVER)

5. Please list all people currently living in your home: _____

6. Who is responsible for paying the mortgage/rent? _____
7. Was either parent unmarried and 18 or younger at the time of the applying child's birth? Yes ___
No ___
8. Do the following people in the child's life have a high school diploma or G.E.D.?
 Father Mother Guardian
9. Is there an abusive parent in the home? Yes ___ No ___ If yes, please explain: _____

10. Is there drug or alcohol abuse in the child's family? Yes ___ No ___ If yes, please explain: _____

11. Do you feel your child has poor social skills? Yes ___ No ___ If yes, please describe your child's behaviors: _____

12. Please list any illness or health concerns you have for your child and how you feel it affects your child's learning: _____

13. Does your family have health insurance coverage? _____
Insurance Company: _____

The information provided in this application is accurate and true to the best of my knowledge. I understand that information provided in this application will be discussed confidentially with the Akron CPP Advisory Council. In signing this application, I give consent for release of records to verify eligibility from: BOCES, Department of Human Services, Former Preschools attended, Free and Reduced lunch verification. Other documentation may be requested to verify eligibility.

Akron School District No. R-1 does not unlawfully discriminate on the basis of race, color, creed, national origin or ancestry, sex, age or handicap in admission or access to, or treatment or employment in, its educational programs or activities. Mr. Brian Christensen, Civil Rights Officer, 600 Elm, Akron, CO 80720, 970-345-2268.

Parent/Guardian Signature

Date