



PRE-SCHOOL APPLICATION 2016-2017

STUDENT INFORMATION

Student Name _____

Age _____ Date of Birth _____ Gender _____

Home Address _____

Does your child have any allergies? No ___ Yes ___ (please explain) _____

Does your child have any medical or other conditions that we should be aware of? _____

Is your child taking any medications? No ___ Yes ___ (please indicate what type(s)) _____

Ethnicity (Check-Optional): African American ___ Asian ___ Caucasian ___ Hispanic/Latino ___
Native American ___ Bi-Racial ___

Primary Language spoken in the home: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Place of Employment/Attending School _____

Usual days/hours worked/attending class _____

2nd Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Place of Employment/Attending School _____

Usual days/hours work/attend class _____

EMERGENCY CONTACT

Name _____ Relationship to Student _____

Home Address _____

Home Phone _____ Cell Phone _____

Number of Adults living in home _____

Number of Children living in home _____

Please attach most W-2's and Federal Tax Return. (To be used only to verify income eligibility)

Total Annual Household Income: _____ **Per Week:** _____

Is your child eligible for a free or reduced school lunch? ___ Yes ___ No

Do you rent an apartment or own home: Rent _____ Own _____

Please check if you receive:

Food Stamps: _____

Cash Assistance: _____

Unemployment: _____

SSI: _____

Parent Photographic Release:

I _____ give permission for photos of my child
_____ to be used in New City School publications.

(parent/guardian signature)

(date)