

# North Branford Public Schools 2017-2018 Pre-School Application

## STUDENT INFORMATION

Child's Name: \_\_\_\_\_  
Last First Middle

Birth Date (DOB): \_\_\_\_\_  Male  Female State/Country of Student's Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_  
Street (No PO Box) City State Zip

Student Resides with: (***Check all that apply***)  Mother  Father  Stepmother  Stepfather  
 Grandparent(s)  Guardian  Other (please specific) \_\_\_\_\_

Are you living in someone else's home OR are there other adults living in the home? (***Please circle one***) YES or NO

If yes, please specify: \_\_\_\_\_

How many people are living in the home? ***Write the amount*** for each below

Mother: \_\_\_ Father: \_\_\_ Your Children: \_\_\_ Other Adults: \_\_\_ Other Children: \_\_\_

(Example: Mother: 1 Father: 1 Your Children: 4 Other Adults: 2 Other Children: 0)

***Please circle YES or NO for EACH of the following questions:***

- |  |     |    |
|--|-----|----|
| 1. Is the current address for this student a temporary living arrangement?           | Yes | No |
| 2. Is this temporary living arrangement due to loss of housing or economic hardship? | Yes | No |

***Please provide all of the the following requested information:***

### PARENT 1/GUARDIAN 1 INFORMATION

Mother  Father  Guardian

Name: \_\_\_\_\_  
(Last, First)

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

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

Email Address: \_\_\_\_\_

### PARENT 2/GUARDIAN 2 INFORMATION

Mother  Father  Guardian

Name: \_\_\_\_\_  
(Last, First)

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

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

Email Address: \_\_\_\_\_

### PRIMARY PARENT/GUARDIAN Additional INFORMATION

Mailing Address: \_\_\_\_\_  
Street City State Zip

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

**Additional Family Information**

**List all children** (birth to 21 years old) residing with family in the household:

**Child #1**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Child #2**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Child #3**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Child #4**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Child #5**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Child #6**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

In order for us to determine your eligibility, **please provide** us with the following information:

**MILITARY DUTY**

Are either of the child's parents currently serving in the military? (Please circle one) YES or NO

If yes, please specify parent's name/military branch \_\_\_\_\_

**INCOME**

Estimated Yearly Gross Household Income*	\$	Number of Family Members in the household	
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\* Subject to verification.

**LANGUAGE**

Connecticut State Regulations § 10-17h, 3-5 requires that each school district conduct a preliminary survey of the home language of each student in its public schools. This assessment is made in order to ascertain the need to provide English acquisition services for students who are English language learners.

What language did your child learn to speak first? \_\_\_\_\_

What is the primary language spoken by the adults in your home? \_\_\_\_\_

What is the primary language spoken by your child/you at home? \_\_\_\_\_

Child's English- Speaking Ability: \_\_\_\_\_None \_\_\_\_\_Limited \_\_\_\_\_Adequate \_\_\_\_\_Fluent

**CHARACTERISTICS**

**Please check** Yes or No for each of the following questions:

\_\_\_\_ Yes \_\_\_\_ No My child is currently receiving Birth-to-Three services.

\_\_\_\_ Yes \_\_\_\_ No My child is non-verbal.

\_\_\_\_ Yes \_\_\_\_ No My child has been identified as having developmental delays.

\_\_\_\_ Yes \_\_\_\_ No My child is currently being seen by Yale Child Study.

\_\_\_\_ Yes \_\_\_\_ No Does your child have an Individualized Education Program (IEP)?

**ADDITIONAL INFORMATION**

The Smart Start Grant requires that children in the following circumstances be high priority for enrollment: poverty (children who are from families with incomes at or below 75% of SMI (State Median Income) or receive free or reduced lunch), homeless, migrant, refugee, violence and neglect (DCF involved, in foster care), developmental delays, and/or challenging parental circumstances (teenage, incarcerated, in treatment for substance abuse, active military service).

*Is there any additional information, related to the criteria listed on the previous page, that you would like to voluntarily provide so the district can consider it when prioritizing your child's application? **(Please circle one)** YES or NO*

**If yes, please specify**

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*I hereby affirm that the information submitted in this application is true and accurate to the best of my knowledge. I understand that all information provided is subject to verification.*

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please complete this application to the best of your ability and return ( postmarked or hand-delivered) by 4:00pm on April 28, 2017 to:**

**Mail to:**

North Branford Public Schools  
Central Office- Office of Curriculum and Instruction  
Attn: Tracy Wootton  
P.O. Box 129  
Northford, CT 06472

**Or**

**Hand-deliver to:**

North Branford Public Schools  
Central Office- Office of Curriculum and Instruction  
Attn: Tracy Wootton  
1332 Middletown Ave  
Northford, CT 06472