



North Branford Public Schools 2018-2019 Preschool Application

STUDENT INFORMATION

Please Check Program(s) of Interest:

FRC Preschool
(Ages 3-5)

NBPS Preschool at Jerome Harrison
(Turning age 4 by 12/31)

Project Pride
(Ages 3-5)

Child's Name: _____
Last First Middle

Child's Current Age: _____ Birth Date (DOB): _____ Male Female

State/Country of Student's Birth: _____

Child's Home Address: _____
Street (No PO Box) City Zip

Student Resides with: **(Check all that apply):** Mother Father Stepmother Stepfather
 Grandparent(s) Guardian Other (specify): _____

Are you living in someone else's home OR are there other adults living in the home: **(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 following requested information:

PARENT 1/GUARDIAN 1 INFORMATION

Mother Father Guardian

Last Name, First Name

Street City Zip

Home Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Work Phone: _____

PARENT 2/GUARDIAN 2 INFORMATION

Mother Father Guardian

Last Name, First Name

Street City Zip

Home Phone: _____

Cell Phone: _____

Email: _____

Employer: _____

Work Phone: _____

ADDITIONAL FAMILY INFORMATION

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

Child #1

Name: _____ Male Female
Date of Birth: _____ School: _____ Grade: _____

Child #2

Name: _____ Male Female
Date of Birth: _____ School: _____ Grade: _____

Child #3

Name: _____ Male Female
Date of Birth: _____ School: _____ Grade: _____

Child #4

Name: _____ Male Female
Date of Birth: _____ School: _____ Grade: _____

Child #5

Name: _____ Male Female
Date of Birth: _____ School: _____ Grade: _____

Child #6

Name: _____ Male Female
Date of Birth: _____ School: _____ Grade: _____

ELIGIBILITY

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? (Circle one) YES or NO

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

Income (If applying for **FRC Preschool only** and **financial assistance is not needed**, you may skip to "Language" section.)

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 circles YES or NO for each of the following questions:

- | | | |
|-----------------------------------------------------------------|-----|----|
| 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)? | YES | NO |

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% 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 above that you would like to voluntarily provide so that the district can consider it when prioritizing your child's application?

(Please circle one) YES or NO

If YES, please specify:

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 Friday, March 23rd at 4:00 pm on insert date here to:

Mail to:

North Branford Public Schools
ATTN: Tracy Wootton
Office of Curriculum and Instruction
PO Box 129
Northford, CT 06472

OR

Hand-deliver to:

North Branford Public Schools
ATTN: Tracy Wootton
Central Office – Office of Curriculum and Instruction
1332 Middletown Avenue
Northford, CT 06472