

**2022-2023 Preschool Enrollment Form**  
(Child must be 3 by September 1<sup>st</sup> in order to apply)

**Student Information:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender:  Male  Female

Date of Birth: \_\_\_\_\_

**Parent/Guardian Information:**

Father

Mother

Name \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

\_\_\_\_\_

Marital Status  Married  Divorced  Single

Married  Divorced  Single

Highest Level of Grade: 8 9 10 11 12

Grade: 8 9 10 11 12

Education GED HS Diploma College

GED HS Diploma College

(circle one)

Student Resides With \_\_\_\_\_

*Classroom Space is Limited, please answer these questions to determine placement/eligibility*

Do you live within the USD332 district boundaries?  Yes  No

Has your child attended an area developmental preschool screening?  Yes  No

If Yes, When/Where: \_\_\_\_\_

Is your child developmentally or academically delayed based on assessments?  Yes  No

If yes what areas: \_\_\_\_\_

Does your child currently have an IEP (including speech)?  Yes  No

Does your child qualify for free lunches for the 2021/2022 school year?  Not Sure  Yes  No

Are you currently working with DCF? If so, do you have an assigned case worker?  Yes  No

If Yes, list contact information \_\_\_\_\_

Was either parent under 20 when child was born?  Yes  No

Is the primary language spoken in the home a language other than English?  Yes  No

If Yes, what is the language \_\_\_\_\_

Is the child's family a migrant?  Yes  No

Any additional Information Needed:

\*\*\*Before your child can be placed on a class list they MUST complete a preschool screening. If you have not completed a screening call 620-672-7500 to check about upcoming area preschool screenings or inquire about completing an online screening. Returning students must complete a screening with SCKSEC or Fill out an ASQ-3 with the district.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Return completed form to Cunningham Elementary School

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For School Use Only:			
<input type="checkbox"/> IEP	<input type="checkbox"/> At-risk _____	<input type="checkbox"/> KPP	<input type="checkbox"/> Peer