

Kenai Peninsula Borough School District  
**Title I PRE-K Application**



Children must be 4 by Sept. 1<sup>st</sup> to be eligible for Pre-K enrollment

Completed applications should be submitted to the child's attendance area school office. School attendance boundaries can be viewed on the district's webpage or at <http://www.kpbsd.k12.ak.us/departments.aspx?id=276>

**SECTION 1 - CHILD INFORMATION**

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ (Female / Male)

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

LANGUAGE OTHER THAN ENGLISH: \_\_\_\_\_

**SECTION 2 - FAMILY INFORMATION**

Father: \_\_\_\_\_  
*Full Name Employer*

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Home Work Cell Message*

Email Addresses: \_\_\_\_\_  
*Father Mother*

Mother: \_\_\_\_\_  
*Full Name Employer*

Phone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Home Work Cell Message*

Child primarily resides with \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_  
*Name Contact Phone*

\_\_\_\_\_  
*Name Contact Phone*

Schools currently attended by siblings \_\_\_\_\_

Has this child ever been enrolled in a Pre School Program?

Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_ Dates \_\_\_\_\_

Is this child, or his/her siblings eligible for services under (please mark all that apply)

Migrant Education \_\_\_\_\_ ELL (English Language Learner) \_\_\_\_\_

Special Education \_\_\_\_\_ Free or Reduced Lunch \_\_\_\_\_

**REQUIREMENTS:**

Regular attendance is expected. You will be contacted if your child has numerous unexcused absences. He/she will be placed on PROBATIONARY STATUS and could be removed from the program. Transportation to and from the program is not provided.

**PARENT INVOLVEMENT:**

Parents/guardians are strongly encouraged to volunteer in the Title I PRE-K program. Research has shown that parent involvement in the education process is vital for student success

I would be interested in volunteering in the following capacity: *(Circle ALL that apply)*

|                          |   |  |
|--------------------------|---|--|
| <b>Room Volunteer</b>    | <b>Bulletin Board</b><br><i>(can be completed at your home)</i> | <b>Materials Preparation</b><br><i>(can be completed at your home)</i> |
| <b>Snack/Recess Aide</b> | <b>Phone Tree Parent</b>  | <b>Other:</b>  |

**All information supplied will be held in strict confidence by the administration.**

Student acceptance into this program will be based on results from an initial assessment. Screenings will take place in late April or early May. A fall screening may be available if there is still room in the program for additional students. Please contact your neighborhood school for screening dates and locations and to schedule an appointment. **Students must be 4 years of age on or before Sept. 1.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_