



Pre-Kindergarten Application

This form **MUST** be filled out **completely** to be considered for placement.

Bus transportation will **not** be provided to and from school.

Child's Name: _____
First Middle Last

Date of Birth/Proof(required): _____ Sex: Male _____ Female _____ Race: _____
(attach proof of birthdate)

N.C. Resident: Yes _____ No _____ U.S. Citizen: Yes _____ No _____ (optional)

Home Address: _____
Street Apt. or Trailer Lot Number

City State Zip Code

Mailing Address: _____

Home Telephone: _____ Cellular Phone Number: _____ Daytime Phone: _____

What is the gross monthly income of your family (total income before taxes are deducted)?

\$ _____ per month (required)

Please list any other governmental assistance and amount received: _____

Are your child's immunizations up to date? Yes _____ No _____

Does your child have any health problems? Yes _____ No _____ If yes, list: _____

Does your child have an IEP (Individualized Education Plan)? Yes _____ No _____

Are you a High School or College Student? Yes _____ No _____ If so, what days do you attend class? _____

Mother's name: _____

Employer: _____ Employer's Phone Number: _____

Father's name: _____

Employer: _____ Employer's Phone Number: _____

Does your family speak English as a first language? Yes _____ No _____

What language do you prefer to have written communication sent to you? English or Spanish (circle one)

Please list any other language that your family or child speaks: _____

Is your child in childcare? Yes _____ No _____

If YES, what is the name of the childcare: _____

Has your child ever been in childcare, Head Start, or preschool? Yes _____ No _____

When? _____ Where? _____ How long? _____

Do you receive childcare subsidy to help pay for childcare? Yes _____ No _____

How many people total live in your home; including relatives, friends, etc.? _____

List below all people (including parent(s) / guardian(s) and children) living in your home:

_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age

Your Signature verifies above information

Signature

Date

Please return to one of the ABSS Elementary Schools, or to the Ray Street Complex.