



SPS School Readiness @ Rippowam
381 High Ridge Road Stamford, CT. 06905
Phone: 203-977-8856
Fax: 203-977-8850



SPS Pre-K Screener Application 2023-24 Academic Year

Thank you for your interest in the SPS Pre-K program. Please note this program is contingent on the SPS budget as well as the State Department of Education for funding. Priority is given to students who meet the following requirements:

1. Priority given to No previous pre-k experience, Mandatory Play Group meeting
2. 60% of students' families must be at or below 75% of the state median income
3. Program is for Stamford residents only
4. Completion of Free/Reduced Lunch Documentation
5. Income Verification

Today's Date: _____

Child's Name: _____
Last Name First Name

Date of Birth: _____ Gender: _____

Child's Dominant Language: _____

Is your child **FULLY TOILET TRAINED**? YES NO

Is your child currently attending or has your child attended preschool? YES NO

Preschool Attended: _____ Address: _____

Parent's/Legal Guardian's Name: _____

Address: _____ Zip Code _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Has your child ever participated in **Birth to 3**? YES NO If Yes, do they continue to receive services? YES NO _____

Does your child receive any **special services**? YES NO IEP _____

SPEECH _____ Occupational Therapy _____ Physical Therapy _____

Do you have any concerns about your child? _____

District School: _____ Parent Signature _____

Disclosure of information must be accurate and truthful