



R.L. Wright Elementary Cardinal Kids Pre-K

Enrollment Application 2023-2024

Required Documents to Enroll:

(not needed until acceptance is confirmed)

- * Birth Certificate
- * SS Card
- * Child Health Assessment form
- * Current Immunizations
- * Proof of residency (utility bill, mortgage/lease agreement, pay stub etc.)

Take or send this completed application to the R. L. Wright Elementary Office

Pre-K Enrollment Application for the 2023-2024 School Year

Student Information:

Legal Name: _____
First
Middle
Last

Social Security#
 _____/_____/_____

Date of Birth:
 _____/_____/_____

Special Information:
 Does your child receive Special Education Services?
 Yes No

Does your child have an IEP? Yes No

Does your child have special needs; health, allergies, etc.?
 Yes No

Do you have behavioral or developmental concerns for your child? Yes No

Choose one ethnicity:
 Hispanic/Latino.....
 Not Hispanic/Latino.....

Check All Appropriate Races (regardless of ethnicity):
 American Indian/Alaskan Native.....
 Asian.....
 Black/African.....
 White.....

Family Information

Language spoken at home: _____ **Relationship to Student:** _____

Primary Parent/Guardian Name: _____ Parent Guardian
First
Middle
Last

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Name: _____ Work phone: (____) _____ - _____

Primary Parent Spouse Name: _____ Parent Guardian
First
Middle
Last

Cell Phone: (____) _____ - _____ Email: _____

Employer Name: _____ Work phone: (____) _____ - _____

Other parent not in home: _____ Parent Guardian
First
Middle
Last

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Email: _____ **Request Mailings:** Y N

Employer Name: _____ Work phone: (____) _____ - _____

Emergency Contact Information

Name: _____ Relationship to Student: _____ Allow to leave with student: Y N

Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____ Work phone: (____) _____ - _____

Name: _____ Relationship to Student: _____ Allow to leave with student: Y N

Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____ Work phone: (____) _____ - _____

Sibling Information

Does this student have a sibling(s) at this address currently enrolled in USD 439? Yes (*list in table*) No

Sibling Name	School	D.O.B.	Grade

To help determine whether your child qualifies for a federal program, please answer the following questions.

- 1. What language did your child first learn to speak/use? **English** _____ **Spanish** _____ **Other (Please specify)** _____
- 2. What language does your child speak/use at home? Do not include language learned in a class or through television or other such programing.
English _____ **Spanish** _____ **Other (Please specify)** _____
- 3. What language do you speak/use with your child? **English** _____ **Spanish** _____ **Other (Please specify)** _____
- 4. Is your current address a temporary living arrangement?..... Yes No
If yes, have you recently lost your housing or experienced an economic hardship?..... Yes No
- 5. Are you currently residing in a motel, shelter, with more than one family in a house or apartment, moving place to place, in a car, park, campsite, or other place not designated for ordinary housing? Yes No
- 6. Are you currently living in or participating with a community based temporary housing arrangement?..... Yes No
- 7. Have you or a member of your family moved in the last 36 months to do, or apply for, agriculture or fishing related work, including dairies, nurse-ries, meat or vegetable processing, feed yards, or field work? Yes No
- 8. Have your children moved with or to join the worker above in the past 36 months? Yes No

Please mark the following areas that apply to your family:

- Poverty (State At-Risk Preschool)** - The child is eligible for free or reduced lunches _____
- Single Parent Family** - At the time of enrollment, the custodial parent is unmarried _____
- DCF referral** - A written referral from the Department of Children and Families documented and signed by a DCF agent _____
- Teen Parent(s)** - One parent was 13-19 years old at the time of the enrolling child’s birth _____
Parent date of birth: _____
- One parent lacking a high school diploma or GED certificate** Mother _____ Father _____ **Highest grade level completed:** _____
- Limited English Proficiency** - A child whose “first” language is other than English _____
- Developmentally or Academically Delayed** - Documentation of a child’s identified delay(s) must be on record, based on valid and reliable assessments _____
- Children qualifying for migrant status** – Has your family moved in the past 36 months to seek or obtain agriculture or fishing related work? _____
- Student is in foster care** _____
- None of these apply to our family** _____

I understand this application does NOT automatically “enroll” my child in Pre-K. Notification of acceptance or denial will follow at a later date.

Parent Signature: _____ Date: _____