



NEW PHILADELPHIA CITY SCHOOLS PRESCHOOL APPLICATION

Please circle School of choice: Dome East West No Preference

PLEASE PRINT STUDENTS NAME:

Last name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Birthplace(City,State) _____

Student Social Security # _____ Gender: Male Female

Address _____

City _____ State _____ Zip Code _____ Phone: () _____

Medical information the school should immediately know: _____

PLEASE CHECK INFORMATION BELOW

____ Typical: Full Tuition

____ Reduced Tuition: Applying for free/reduced tuition

____ Possible Developmental Delays: Please explain: _____

____ Interested in 1 year program

____ Interested in 2 year program

**There is a criteria for each category. You child must qualify in order to participate.*

PARENT/GUARDIAN RELATIONSHIP:

Mother/Guardian's Name _____

Address _____ Phone _____

Place of Employment _____ Phone _____

Father/Guardian's Name _____

Address _____ Phone _____

Place of Employment _____ Phone _____

Student live with: (please circle)

Parents/Guardians are: (please circle)

Mother Father Foster Parent
Step-Mother Step-Father Relative _____
Guardian Grandparent Self Dependent

Married Single
Divorced Separated
Deceased Divorced

Is there a court order, judgment entry or custody papers concerning this student? Yes _____ No _____

Does student have siblings? (Name/grade) _____

Signature of Parent/Guardian _____ Date _____

For office use only

Received by: _____

Date: _____