Preschool Peer Model Program
Saraland City Schools
2026-2027

Program Design
The preschool peer model program is designed to establish an appropriate learning environment for children with and without disabilities. A peer model is a child who demonstrates typical neurological development, has reached developmental milestones at expected times, and exhibits behavior and characteristics similar to same age peers. A peer model is a child who is not receiving special education and related services through an Individualized Education Program (IEP).

Program Details
- Applicants must be 4 years old by September 1, 2026.
- Applicants must be residents of Saraland or children of full-time employees of Saraland City Schools.
- Program location is Saraland Early Education Center.
- Program hours are 8:30 a.m. - 11:30 a.m. Monday – Friday.
- Program follows the board approved calendar for Saraland City Schools.
- Bus transportation is not available.
- Before or after school care are not available.
- School uniforms are required.
- Admission to the program is determined by a random selection process.
- Tuition is $150 monthly. A nonrefundable deposit of $150 is required for applicants selected to participate in the program.

Application Process
Print/complete the one-page application and attach required supporting documents. Submit the application and supporting documents by mail or in person to:

Saraland Board of Education
4010 Lil' Spartan Drive
Saraland, AL 36571
Attn: Amy Pippins

All applications must be received by 3:00 p.m. on Thursday, April 9, 2026. Incomplete applications will not be considered in the selection process. Future residents of Saraland are not eligible to apply. Applicants must currently reside at an address zoned for Saraland City Schools.

Notification of Admission Status
All applicants will be notified of their admission status by mail and/or email by Friday, April 24, 2026. For applicants selected to participate in the program, the letter will include details regarding preparation for the 2026-2027 school year.

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Student Information

Name _____
First Middle Last

Preferred Name_____ Race ____ Sex____ Birthdate ___/____/_____

Current Address _____
Street City State Zip

Parent/Guardian Information

Father _____ Mother_____

Phone_____ Phone_____

Employer_____ Employer_____

Work Phone_____ Work Phone_____

Email_____ Email_____

Child lives with (please circle) Both Parents Father Mother Guardian

Other Information

Does your child toilet independently? Yes ____ No_____
Has your child attended a preschool? Yes_____ No_____
If yes, where? _____How long? _____

Attach a **COPY** of the documents listed below to this application. The application will be considered incomplete without this information.

- Original Birth Certificate
- Up-to-Date Immunization Form
- Proof of Residency (mortgage or lease, 2 utility bills dated within 30 days of the application)

I certify my child is not eligible for, or receiving, special education services through Saraland City Schools. I also certify my child will be 4 years old on or before September 1, 2026. I understand transportation is the responsibility of the parent and there is no before/after school care available.

Parent/Guardian Signature _____ Date_____