INTEREST FORM

Note: This is a preliminary form. It does not guarantee your child's placement in the program.
Children must be 3 or 4 years old on or before December 1st of the school year.
***Parents may drop off the form at the Preschool Office, Room 21-**
13928 Kornblum Ave. Hawthorne, CA 90250 or email the form to hbelloso@hawthorne.k12.ca.us.

FAMILY INFORMATION

Child	Name:	Date of Birth:
Mother	Name:	Phone Number:
Email:		
Father	Name:	Phone Number:
Email:		
Address		

OTHER INFORMATION

Family Status: ○ Single Parent ○ Two Parent Family	Does your child have an Individualized Education Plan (IEP)?: ○ Yes: _____ ○ No
Family Size (Parents + Children Only):	Preferred Language: ○ English ○ Spanish
Mother's Income (Check all that apply) ○ Work ○ Disability/Unemployment ○ Child/Spousal Support ○ CalWORKS/Benefits from other Government Assistance Programs ○ Other: _____ ○ Not Working	Father's Income (Check all that apply) ○ Work ○ Disability/Unemployment ○ Child/Spousal Support ○ CalWORKS/Benefits from other Government Assistance Programs ○ Other: _____ ○ Not Working

Parent Signature: **Date:**