



2026-2027 PRESCHOOL PEER MODEL APPLICATION CHECKLIST

Complete this application for your child to be considered for a peer model opening in the Revere Local School's Early Childhood Program. Only the residential parent or legal guardian of the child may complete this application. Be sure to complete all applicable pages, sign where needed and provide all requested supporting documents. Due to limited availability, applications do not guarantee a spot in the program. Spots are offered based on the results of mandatory screenings of all children. Your child must be 100% potty-trained by the first day of school.

Child's Last Name

Child's First Name

Please complete and return the attached documents:

☐ **Preschool Peer Role Model Application**

☐ **Residency Affidavit (please check which applies)**

☐ **If you OWN your home, complete Residency Affidavit and include (2) current utility bills (gas/water/electric) each from a separate utility and within the last 3 months.**

☐ **If you RENT your home, complete Residency Affidavit and include a copy of your current signed lease and (1) current utility bill (gas, water, electric) from within the last 3 months.**

☐ **If you LIVE WITH PARENT/FRIEND/RELATIVE complete Residency Declaration Section A (Section B must be completed by the homeowner and notarized and (2) current utility bills in the homeowner's name (gas, water, electric) must be included.**

☐ **Custody Form (please check which applies)**

☐ **Not applicable**

☐ **A) Notarized Custody Form (either Section A OR Section B along with either: B or C below)**

☐ **B) Entire Document of Journal Entry (original/certified)**

☐ **C) Time-stamped notice of the Application for Appt. of Guardianship/Custody**

☐ **Peer Model Tuition and Fee Acknowledgement**

- **If offered a space in the Early Childhood Program, you will need to complete the full registration process in late March.**

**Turn in this packet and required documents to the
Office of Student Services
3496 Everett Road, Richfield 44286**



2026-2027 PRESCHOL PEER MODEL APPLICATION

Mandatory Screening Process: Spots are offered based on results of mandatory screenings of all children. You will be emailed your child's screening date/time after applications close. Children will be separated from parents so you are welcome to have a trusted relative bring them to the screening. To help with scheduling, please complete the below information about date availability. While we will try to accommodate your request, please know it may not be feasible due to the number of applicants.

Child's Name _____ Gender _____

Child's Date of Birth: _____ Language Spoken at Home _____

Address: _____

You must be a resident of the Revere Local School District to apply

Parent/Guardian

Name: _____ Relationship to Child _____

Phone: _____ Email: _____

Parent/Guardian

Name: _____ Relationship to Child _____

Phone: _____ Email: _____

Please provide a clearly written email address. This is how we will communicate with you throughout this process.

Classroom assignments are based on the needs and ages of students. While you may choose a preference, we cannot guarantee your child will be placed in the classroom you request.

***AM is the most requested and we cannot accommodate everyone so you may be offered a PM slot instead. Classes are Monday thru Thursday. Please circle your preference below.**

AM Classroom
9:00am-11:30am

PM Classroom
12:30pm-3:00pm

No Preference



2026-2027 PEER MODEL TUITION AND FEE ACKNOWLEDGEMENT

Student Name:_____ **Date of Birth:**_____

Parent/Guardian Responsibility: It is the responsibility of the parent/guardian to know the policies/procedures for the Revere Local School District Early Childhood Program prior to applying and registering their child.

Holidays/Breaks: During the school year, the program will follow the school calendar adopted by the Board of Education unless the parents are notified differently by written communication.

Transportation: Peer models attending Revere Local School's Early Childhood Program will need their own transportation to/from school. Children transported by their parents are to follow pick-up and drop-off protocols as outlined in the Revere Local School District Early Childhood Program Handbook.

Registration Fee: If accepted into the Early Childhood Program, a \$50 non-refundable deposit must be submitted to secure preschool placement for the 2026-2027 school year. Do NOT submit the deposit with this application(if your child is accepted, you will receive an email stating when it is due).

General Fee: The Tuition Fee as stated in this agreement is separate from the annual General Fee that is assessed for student supplies, snacks, and materials. **The general preschool fee is currently \$30 and is subject to change for the 2026-2027 school year increasing the "Total Paid" listed.

_____ (initial acknowledgement of possible fee increase)



Payment of Tuition and General Fee: Failure to make the payment by the required date may result in student being removed from the Program until payment of all fees is brought current.

Refunds: There are no refunds for missed classes due to illness, vacations, field trips, holidays, calamity days, public calamities or any other time your child does not attend classes.

MONTHLY Payments- due the 5th of each month

Tuition	Non-Refundable Deposit	Payments 10 Monthly Payments of \$145 August thru May	General Fee	Total Paid
\$1500	\$50		\$30	\$1530

A \$100 discount is offered with full payment by August 7, 2026

Parent(s) hereby understands that the District reserves the right to take such action under law as it deems necessary to collect fees under this contract, including, but not limited to, denying attendance in the program. If a fee payment is not received the the 5th day of the month of payment, commencing on the next school day, the student may not be allowed to attend the program until payment of fees is made current. Exclusion from the program for failure to pay fees does not release or diminish the obligation of parent to pay the participation fee.

Parent/Guardian Signature

Date

REVERE LOCAL SCHOOL DISTRICT

3496 Everett Rd., PO Box 340 – Bath, Ohio 44210

RESIDENCY AFFIDAVIT

Completed by parent/guardian who either own a home or rent in the Revere District.

I declare that I am the custodial/legal guardian of (student name) _____ and I physically reside at the following address: _____

I (we) have no other residence other than that listed on this affidavit.

I also declare that I am in compliance with the State of Ohio School Laws, which requires that students attend school in the district in which they live with their parents or legal guardians.

In order to affirm my residency in the Revere Local School District, I have presented certain documents with my address to school officials. I declare that these documents are true and accurate and further, I am aware that the deliberate falsification of information for school attendance purposes is unlawful.

I am aware also of the policy of the Revere Local School District, which is that if a student is found to have established residency in our district by using false or inaccurate information, the student (s) will be immediately dismissed from school, and the parents of the student (s) will be held liable for all costs incurred while the student(s) was enrolled in the Revere Local Schools which the law provides under the criminal code.

I also agree to pay tuition for this student(s) at a rate established annually by the State of Ohio Department of Education. A tuition billing will be issued to me for the school year or portion thereof. My signature evidences agreement to pay such tuition in accordance with terms as stated on the tuition billing. I agree to and stipulate that the Revere Local School District may utilize whatever legal means it has at its disposal to verify my residency.

Required Form Signatures

I have read this entire document and the information provided by me on this form is true and accurate

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

This form must be submitted along with two current utility bills – must be dated within the last 90 days.

Acceptable utilities include: gas, water, electric, trash, sewer OR Tax bill/Deed.

We will not accept cell phone bills, cable, internet, pay stubs, medical bills, bank or credit card statements.

REVERE LOCAL SCHOOL DISTRICT

3496 Everett Rd., PO Box 340 – Bath, Ohio 44210

RESIDENCY DECLARATION

Use in situations when the parent/legal guardian is living with a parent, relative or friend.

VALID FOR THE CURRENT SCHOOL YEAR ONLY- This Form Must be completed Annually

SECTION A: Completed by the Parent/Guardian – must be signed

I, _____, certify that I am the custodial parent/legal guardian
(Printed Name(s) of Parent/Guardian)
of _____ and that I have established permanent residency with _____ at
(Student/s) (Printed Homeowner's Name)

(Address) (City) (State) (Zip)

I attest that the information I have provided in this declaration is accurate. Should any of this information be incorrect, I hereby agree to assume tuition costs for the student(s) listed above for the period of time he/she has been attending the Revere Local Schools. Tuition costs are established annually by the State of Ohio Department of Education. A tuition billing will be issued to me for the school year or portion thereof. My signature evidences agreement to pay such tuition in accordance with terms as stated on the tuition billing.

I agree to and stipulate that the Revere Local School District may utilize whatever legal means it has at its disposal to verify my residency. **I have read this entire document and the information provided by me on this form is true and accurate.**

Parent/Guardian Signature: _____ Date: _____ Phone: _____

SECTION B: Completed by the Homeowner – must be signed & notarized

I, _____, certify that I am the owner of the residence/apartment
(Printed Name)
located at _____
(Address) (City, State) (Zip code)

I further certify that the Parent(s)/Guardian(s) named below, along with their named child(ren) have established permanent residence in the aforementioned residence/apartment and, to the best of my knowledge, is not maintaining a separate residence elsewhere.

Parent(s)/Guardian(s) (1) _____ (2) _____

Child(ren) _____

I realize that should any of the above statements be false, *I hereby agree to assume tuition costs for the student(s) listed above for the period of time he/she has been attending the Revere Local Schools, and am liable for any penalties which the law provides under the criminal code.*

I agree to and stipulate that the Revere Local School District may utilize whatever legal means it has at its disposal to verify my residency. **I have read this entire document and the information provided by me on this form is true and accurate.**

NOTE: SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC, AND ATTACH TWO (2) PROOFS OF RESIDENCY.

Homeowner Signature: _____ Date: _____ Phone: _____ (circle): Work/Cell/Home



Notary Public Signature: Sworn to and subscribed before me this _____ day of _____ 20 ____

X _____ Notary Seal:

If there is a custody situation with this student, please complete EITHER Section A or Section B

Date: _____, I, _____, certify* that I am the parent,
legal custodian of _____, _____, and have established permanent residency at
(child's name) (date of birth)
_____ in the Revere Local School District.
(permanent address)

Child's Name _____ Date of Birth _____
 Biological/Custodial Parent(s) name(s) _____
 Biological/Custodial Parent(s) Address at time of removal _____

 Date child removed from their custody _____
 Last School District Attended _____

(Affix seal here) X (Notary Public Signature)