

Central Valley School District Universal Pre-Kindergarten Enrollment Questionnaire

STUDENT INFORMATION

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|-------------------------|--------|---------|------------------------|
| Last: (Legal name only) | First: | Middle: | Suffix (Jr., II, III): |
|-------------------------|--------|---------|------------------------|

According to state education law, it is necessary for the school district to identify and serve 3 and 4 year old children with special needs. The children should be identified by a physician or other appropriate agencies. If you have a child with special needs, would you please indicate this by placing a check in the box below and in each of the special services that may be required.

- Need for Services
- Speech
- Occupational Therapy
- Physical Therapy
- Medical
- Other:

SIBLINGS

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|---|
| Have any children in the home received special services? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list names below) |
| Have any children in the home been retained or had problems in school? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain) |

ADULT DAYCARE PROVIDER

| <i>List adult daycare provider if other than parent/guardian</i> | | |
|--|---------|-------|
| Name | Address | Phone |
| | | |
| | | |

OTHER INFORMATION

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| Transportation: Children are transported by the district. If not you, provide name and address of who will provide transportation: |
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|--|-------|
| To be signed by Parent/Guardian: I hereby submit this application for Central Valley Central School Preschool screening and/or program on behalf of the above names child. The information is true and correct to the best of my knowledge and belief. This application is submitted with the understanding that verification of the information may be required and that such verification will be obtained if required. | |
| Signature of Parent/Guardian: | Date: |
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