



Pre-K Pre-Enrollment Form



Please help us out by filling out and returning this pre-enrollment form if you have a child that you would like to enroll in USD 262's Pre-K program for the 2015-16 school year. We would appreciate your help in passing along this form to any friends, relatives, or neighbors that have a child that will be four years old on or before August 31st of the current year.

General Information:

- Child must be four (4) years of age on or before August 31st of the current year to be eligible
- Student **MUST** reside in the Valley Center School District
- Class begins after Labor Day to allow for pre-testing of all prospective students
- Home visits will be made to explain testing results before class begins

Qualifications:

- Because this program is funded by a grant from the state, students and/or their families must meet one or more of the following qualifications in order for their child to be enrolled in the preschool.

Please place a checkmark next to each qualification that you meet:

- Single parent home
- Low Income (child's family must qualify for free meals)
- Teen parent (at least one parent must have been a teen when THIS child was born)
- No High School diploma or GED (at least one parent doesn't have either of these)
- Limited English Language
- Child qualifies for migrant status (must have copy of certificate)
- SRS Referral
- Developmental Delay (parent suspects that the child has a developmental delay; a delay can be determined by pre-testing)

****Children who have an IEP AND who meet at least one of criteria must be considered as potential members of the Four-Year-Old At-Risk classroom and cannot be excluded from participation solely based on their having an IEP.**

****Valley Center USD 262 does not discriminate on the basis of race, color, national origin, sex, religion, handicap/disability, or age. Persons having inquiries may contact the school district's ADA and Section 504 Coordinator, 143 S. Meridian, Valley Center, KS, 67147. Telephone 316-755-7000.**

Student's full name: _____ (Nickname): _____

M () F () Child's Birthday: _____

Parents' names: _____

*Street Address: _____

City, State & Zip: _____

Father's Work Phone: _____ Home Phone: _____ Cell _____

Mother's Work Phone: _____ Home Phone: _____ Cell _____

*Please state the address and name of the street on which you live. **Do not use PO Box #.**

Is your child enrolled in another preschool program for the 2015-2016 school year? Yes or No
If yes, where? _____ (This will be taken into consideration when placements are made in the fall.)

Please return this form immediately to any of the elementary schools or to the District Office, or mail it to the following address:

West Elementary School
501 N. Sheridan
Valley Center, KS 67147
Fax#755-7031

After returning this form, you will be contacted about steps to take next. If you have any questions, please call:
755-7030 (West) or 755-7000 (District Office)