

OFFICE USE ONLY:

Date Received _____

Received by _____

Southwest Public Schools

Preschool Application

Date: _____

Assurance of Confidentiality. The information on this form is being requested on a voluntary basis. The information you provide will help us to deliver or direct services most appropriate for your family's needs. Some of the information may be used to help plan national program initiatives. If you prefer not to provide some of the information, it will not affect the services we try to deliver. However, some information is required for eligibility determination. All information will be held in strict confidence.

Enrollment in previous year at Southwest Public Schools Preschool does not guarantee acceptance for the following year. Please see enclosed criteria used for assignment.

Section 1

Applicant (child):

Last: _____ First: _____ Middle: _____

Gender: Male Female Date of Birth: _____ SS#: _____

Race/Ethnicity: White Black Native American Hispanic Asian other _____

Was he/she born prematurely? Yes No If yes, how many weeks? _____

Does your child currently have one of the following:

IFSP (Individual Family Service Plan) IEP (Individual Education Plan)

If you are unsure or need more information, please call us for assistance (308) 364-2613.

Section 2

Primary Supporting Adult #1:

Last Name: _____ First Name: _____

biological parent adoptive parent step parent foster parent grandparent

legal guardian other _____

Current Residence: _____
Street City State/Zip

Mailing Address: _____
Street City State/Zip

Cell Ph: _____ Home Ph: _____ Work Ph: _____

Is this person employed or in school? Employed full-time Employed part-time Unemployed
 Full-time Student Part-time Student

Highest level of education completed:

Grade 11 or less GED High School Diploma Vocational Certification Associates Degree BA/BS
 MA/MS PHD

Primary Supporting Adult #2:

Last Name: _____ First Name: _____

biological parent adoptive parent step parent foster parent grandparent
 legal guardian other _____

Current Residence: _____
Street City State/Zip

Mailing Address: _____
Street City State/Zip

Cell Ph: _____ Home Ph: _____ Work Ph: _____

Is this person employed or in school? Employed full-time Employed part-time Unemployed
 Full-time Student Part-time Student

Highest level of education completed:

Grade 11 or less GED High School Diploma Vocational Certification Associates Degree BA/BS
 MA/MS PHD

What language is spoken at home? Primary: _____ Secondary: _____

Section 3

Family Composition

Family type: One Parent Two Parent Foster Non-Parent

Is this child a member of a dual custody family? No Yes, child lives in the physical custody of more than one parent/guardian during the enrollment year

Number of adults in family: _____ Number of children: _____ Total number in family: _____

Section 4

Additional Children in the Family

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

Section 5

Please fill out the enclosed application for free and reduced lunch. Students who qualify are given priority over students who do not. If you don't fill out the form, it will be assumed your family does not qualify.

Parent/Guardian Signature: _____

APPLICATION DEADLINE: **DECEMBER 15**

If maximum number is not reached, then a second consideration date is **April 1**.



Southwest Elementary
719 E Street
Indianola Nebraska 69034
Phone: 308-364-2613
Fax: 308-364-2508

Mr. R. Todd Porter, Superintendent
Mr. Matt Springer, Secondary Principal
Mrs. Kathy J. Latta, Elementary Principal

**Southwest Public Schools is an Affirmative Action
Equal Opportunity Employer**

Southwest Jr./Sr. High School
900 Coke Street, PO Box 187
Bartley, Nebraska 69020
Phone: (308) 692-3223
Fax: (308) 692-3221