

PRESCHOOL PRE-APPLICATION FORM

BRUNSWICK COUNTY PUBLIC SCHOOLS AND THE IMPROVEMENT ASSOCIATION

Please Print
STUDENT INFORMATION

Name of Student: (First) (Middle) (Last)

Date of Birth:

Ethnicity (Check one): Hispanic/Latino Non-Hispanic/Non-Latino

Race (Check all that apply): American Indian/Alaskan Native Asian Black/African American
Native Hawaiian/Other Pacific Islander White

FAMILY INFORMATION

Name of Parent/Guardian 1: Male Female Race:

Email: Date of Birth:

Address: Phone:

(City/Town) (State) (Zip)

Work Phone:

Place of Employment:

Name of Parent/Guardian 2: Male Female Race:

Email: Date of Birth:

Address: Phone:

(City/Town) (State) (Zip)

Work Phone:

Place of Employment:

FAMILY SIZE:

List ALL persons residing in the home:

Table with 3 columns: Name, Relationship to Student, Age

Please check any of the following that apply to your child:

PARENT/GUARDIAN 1 Work/School Status

PARENT/GUARDIAN 2 Work/School Status

Unemployed: Work: Part-time Full-time School: Part-time Full-time

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MEDICAL HISTORY

- Developmentally Delayed
- Severe Health Problems
- Speech/Language Problems
- Premature Birth (5 pounds and below)
- Hearing/Vision Problems
- Hearing/Vision Problems

FAMILY ASSESSMENT

- Family Instability
- Alcohol/Drug Abuse
- Adult Disability
- Parent Incarcerated
- Family Crisis (death, physical or chronic illness)
- Domestic Violence
- Referral by other agency or professional
- Child Abuse/Neglect
- Family Stress
- Single Parent
- English as a Second Language

PARENT/GUARDIAN 1 EDUCATION LEVEL

- 11th Grade or Less/No GED
- High School Graduate/GED
- Associate Degree/Certificate/Trade
- Bachelor's Degree
- Master's Degree
- Doctoral Degree

PARENT/GUARDIAN 2 EDUCATION LEVEL

- 11th Grade or Less/No GED
- High School Graduate/GED
- Associate Degree/Certificate/Trade
- Bachelor's Degree
- Master's Degree
- Doctoral Degree

ASSISTANCE (check all that apply)

- SSI TANF WIC SNAP
- Foster Child

MILITARY FAMILY: YES NO

HOUSING (check all that apply)

- Forced to share housing due to hardships
- Living in a hotel, motel, or camping ground
- Awaiting foster care placement
- Emergency or Transitional Shelter
- Abandoned in a hospital
- None of the Above

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY – Please Initial

DOB: _____
 BC#: _____
 State: _____

Income: _____ Below 100%
 _____ 101% - 130%
 _____ Over – 130%
 _____ SSI
 _____ TANF
 _____ Homeless/Foster

Residency: _____
 Doc: _____

- Head Start VPI
- VPI+ ECSE

Staff Signature

Date