



PRESCHOOL: _____
SCHOOL ZONE: _____

**DANVILLE PUBLIC SCHOOLS
PRESCHOOL APPLICATION FORM
PLEASE PRINT**

Name of Child _____ Sex _____ Race _____
 (Last) (First) (Middle)

Address of Child _____ Zip _____

Date of Birth _____ Birth Certificate Number/State _____

Child lives with: Both Parents Mother Father Guardian* _____
 (must have custody order)

Mother's Name _____ Mother's Address _____

Mother's Home Phone # _____ Mother's Cell # _____

Mother's Employment _____
 (Place) (Phone) (Work Hours)

Father's Name _____ Father's Address _____

Father's Home Phone # _____ Father's Cell # _____

Father's Employment _____
 (Place) (Hours) (Phone)

*Guardian's Name _____ Relationship to child _____

Guardian's Address _____ Guardian's Phone # _____

Emergency Contact Person _____
 (Name) (Phone) (Relationship)

List names of brothers/sisters that are preschool (age 4) through 12th grade:

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is your child presently enrolled in a daycare/preschool program? Yes No If yes, the name of the daycare/preschool is _____

My signature below acknowledges that the Parent(s)/Guardian(s) resides within the city limits of the City of Danville, VA and gives permission for Danville Public Schools to verify residency with my landlord.

Parent/Guardian's Signature _____ Date _____

For Office Use Only	
<input type="checkbox"/> Tax Return	<input type="checkbox"/> Preschool Screening Forms
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Application
<input type="checkbox"/> Address Verification _____	<input type="checkbox"/> Initial Entrant Screening Notification
<input type="checkbox"/> Physical _____	<input type="checkbox"/> School Entrance Health Information Form
<input type="checkbox"/> Immunization Record _____	<input type="checkbox"/> Home Language Survey
<input type="checkbox"/> Verification of School Zone	<input type="checkbox"/> Permission Slip
<input type="checkbox"/> Toilet Trained	

2017-2018

Please circle below the correct category below concerning family income. This information will be held in confidence and will be used only for determining the eligibility for my child’s enrollment in the Danville Public Schools program for At-Risk Four Year olds. As verification of income we will need to see your tax return for the previous year. Circle household size and family income.

Household Size	100	130	200	350	351
	Income	Income	Income	Income	Income
	100%	130%	200%	350%	
1	\$11,770	\$15,301	\$23,540	\$41,195	
2	\$15,930	\$20,709	\$31,860	\$55,755	
3	\$20,090	\$26,117	\$40,180	\$70,315	
4	\$24,250	\$31,525	\$48,500	\$84,875	
5	\$28,410	\$36,933	\$56,820	\$99,435	
6	\$32,570	\$42,341	\$65,140	\$113,995	
7	\$36,730	\$47,749	\$73,460	\$128,555	
8	\$40,890	\$53,157	\$81,780	\$143,115	

Please check all the following criteria that applies to your situation.

- Is the child/family homeless?
 Single parent household
 Child is living in foster care
 Child being raised by relative other than parent
 Parents or guardians did not complete high school.
 Parent incarcerated
 Parent on military deployment
 Child has diagnosed special needs or disability with an IEP
 A language other than English is spoken in the home? Which language? _____

Circle any family history that is evident.

- mental illness
 domestic violence
 substance abuse

Circle traits your child may exhibit on a fairly regular basis.

- aggressive behavior
 quiet/shy
 cries/easily upset
 excessively active
 temper tantrums
 speech/language problems
 never attended preschool