Kenai Peninsula Borough School District

Title I PRE-K Screening Application



Chapman School PO Box 1109

Anchor Point, AK 99556 Telephone: (907) 235-8671 Fax: (907) 235-5460

email: dpoindexter@kpbsd.k12.ak.us

Child's Name: Last First Middle Preferred Name Date of Birth: Gender: (Female / Male) Mailing Address: Chysical Address: Chysical Address: Chysical Address: LANGUAGE OTHER THAN ENGLISH: SECTION 2 - FAMILY INFORMATION Father: Employer Phone: / / Home Work Cell Message Child Name Employer Chone: / / Home Work Cell Message Child primarily resides with Child primarily resides with Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact Phone Contact					
Last First Middle Preferred Name Onte of Birth: (Female / Male) Mailing Address: Physical Address: LANGUAGE OTHER THAN ENGLISH: SECTION 2 - FAMILY INFORMATION Sather: Employer Phone: / / / Message Email Addresses: Mother Mother: / / / /	SECTION 1 – CHILD INFORMATION	DN			
Date of Birth:	Child's Name:				
And Address: ANGUAGE OTHER THAN ENGLISH: SECTION 2 - FAMILY INFORMATION Sather: Full Name Home Work Cell Message Smail Addresses: Father Mother: Full Name Employer Chone: Home Vork Cell Message Child primarily resides with Characterists Characterists Contact Person:	Last	First		Middle	Preferred Name
Physical Address: LANGUAGE OTHER THAN ENGLISH: SECTION 2 - FAMILY INFORMATION Pather: Full Name Employer Phone: Home Work Cell Message Chail Addresses: Father Mother: Full Name Employer Phone: Home Work Cell Message Child primarily resides with Commergency Contact Person:	ate of Birth:		Gender:	Gender: (Female / Male)	
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Section 2 - Family Information Sather: Full Name	Physical Address:				
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Email Addresses: Father Mother	Full Name		Employer		
Email Addresses: Father Mother	Phone: /	/		/	
Mother: Full Name Employer Phone: Home Work Cell Message Child primarily resides with Emergency Contact Person:	Home Work		Cell		Message
Mother: Full Name Employer Phone: Home Work Cell Message Child primarily resides with Emergency Contact Person:	Email Addresses:				
Phone://			Mo	other	
Child primarily resides with	Full Name		Employer		
Child primarily resides with	Phone: /	/		7	
Emergency Contact Person:	Home Work		Cell		Message
	Child primarily resides with				
	Emergency Contact Person				
	Name				Contact Phone
Name Contact Phone	W7				Saudant Disau-

Schools currently attended by siblings				
Has this child ever been enrolled in a Pre School Program?				
Yes No Where?	Dates			
Is this child, or his/her siblings eligible for services under (please mark all that apply)				
Migrant Education	ELL (English Language Learner)			
Special Education	Free or Reduced Lunch			
REQUIREMENTS:				
Regular attendance is expected. You will be contacted if your child has numerous unexcused absences. He/she will be placed on PROBATIONARY STATUS and could be removed from the program. Transportation to and from the program is not provided.				
PARENT INVOLVEMENT:				
Parents/guardians are strongly encouraged to volunteer in the Title I PRE-K program. Research has shown that parent involvement in the education process is vital for student success				
All information supplied will be held in strict confidence by the administration.				
Student acceptance into this program will be based on results from an initial assessment. Screenings will take place in late April or early May. A fall screening may be available if there is still room in the program for additional students. Please contact your neighborhood school for screening dates and locations and to schedule an appointment. Students must be 4 years of age on or before Sept. 1.				
Parent/Guardian Signature	Date			