



# NEW PHILADELPHIA CITY SCHOOLS PRESCHOOL APPLICATION

Please circle School of choice: East South West No Preference

**PLEASE PRINT STUDENTS NAME:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace (City, State) \_\_\_\_\_

Student Social Security # \_\_\_\_\_ Gender: Male Female (please circle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Medical information the school should immediately know: \_\_\_\_\_

**PLEASE CHECK INFORMATION BELOW:**

- \_\_\_\_\_ Typical: Full Tuition
- \_\_\_\_\_ Reduced Tuition: Applying for free/reduced tuition
- \_\_\_\_\_ Possible Developmental Delays: Please explain: \_\_\_\_\_
- \_\_\_\_\_ Interested in 1 year program
- \_\_\_\_\_ Interested in 2 year program

*There is a criteria for each category. Your child must qualify in order to participate.*

**PARENT/GUARDIAN RELATIONSHIP:**

Mother/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

**STUDENT LIVES WITH:** (please circle)

- Mother
- Step-Mother
- Guardian
- Father
- Step-Father
- Grandparent
- Foster Parent
- Relative \_\_\_\_\_
- Self Dependent

**PARENTS/GUARDIANS ARE:**

- (please circle)
- Married
  - Divorced
  - Deceased
  - Single
  - Separated

Is there a court order, judgment entry or custody papers concerning this student? Yes No (please circle)

Does student have siblings? (Name/Grade) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use:*

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Date \_\_\_\_\_

### APPLICATION FOR FREE/REDUCED TUITION

Name	Last	First	Middle	Welfare child support alimony	Pensions retirement social security	Other Cash/ Income
1.	_____	_____	_____	\$ _____ /How Often _____	\$ _____ /How Often _____	\$ _____ /How Often _____
2.	_____	_____	_____	\$ _____ /How Often _____	\$ _____ /How Often _____	\$ _____ /How Often _____
3.	_____	_____	_____	\$ _____ /How Often _____	\$ _____ /How Often _____	\$ _____ /How Often _____
4.	_____	_____	_____	\$ _____ /How Often _____	\$ _____ /How Often _____	\$ _____ /How Often _____
5.	_____	_____	_____	\$ _____ /How Often _____	\$ _____ /How Often _____	\$ _____ /How Often _____
6.	_____	_____	_____	\$ _____ /How Often _____	\$ _____ /How Often _____	\$ _____ /How Often _____

Food Stamp Case Number \_\_\_\_\_

AFDC CASE NUMBER \_\_\_\_\_

**NAME AND ADDRESS**

Print name of adult household member \_\_\_\_\_

address \_\_\_\_\_

home phone \_\_\_\_\_

**PENALTIES FOR MISREPRESENTATIONS:**

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for receipt of State and Federal Funds; that Program officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal criminal laws.

Signature of Household Member \_\_\_\_\_