



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)

PARENTS/GUARDIANS ARE:

(please circle)

- | | | | | |
|-------------|-------------|----------------|----------|-----------|
| Mother | Father | Foster Parent | Married | Single |
| Step-Mother | Step-Father | Relative _____ | Divorced | Separated |
| Guardian | Grandparent | Self Dependent | Deceased | |

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 _____