



# NEW PHILADELPHIA CITY SCHOOLS PRESCHOOL APPLICATION

Please circle School of choice: **Dome East West No Preference**

Prefer: **a.m. or p.m**

**PLEASE PRINT STUDENTS NAME.** \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_

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

Student Social Security # \_\_\_\_\_ Gender: **Male Female**

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. You child must qualify in order to participate.*

### **PARENT/GUARDIAN RELATIONSHIP:**

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

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

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

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

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

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

**Student live with:** (please circle)

**Parents/Guardians are:** (please circle)

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

Married      Single  
Divorced      Separated  
Deceased      Divorced

Is there a court order, judgment entry or custody papers concerning this student? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

*For office use only*

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