

Marion County Schools Pre-K Application

School Year 2024-25

MONTEAGLE
ELEMENTARY



Today's Date _____

Student Name: Last: _____ First: _____ Middle: _____

Date of Birth: _____ City of Birth: _____ County of Birth: _____ State of Birth: _____ Country: _____

Student's Gender: Male Female Grade: PreK Mother's Maiden Name: _____

Student's Race (circle all that apply): White Black/African-American Asian Pacific Islander American Indian

Student's Ethnicity (circle one): Not Hispanic Hispanic

Student's Address: _____
Street Apt. #

City _____ Zip _____

Mailing address if different: _____

List Other Children (and age) in the Family: _____

Where does the child stay at night:

____ Home/Apartment owned/rented by the parent/guardian

____ With a relative or friend

____ In a shelter _____ In a motel

____ In an automobile _____ Other

____ In housing that is inadequate (no electricity, running water)

PARENT OR GUARDIAN INFORMATION: (If any phone number or address listed changes, please contact us immediately)

Relationship: _____
(Father, Mother, Guardian, Foster, etc.)

Does this student live with you? Yes No

Do you have custody? Yes No

Name: _____

Address: _____

Home: _____ Cell: _____

Work: _____ Email _____

Employer: _____

Relationship: _____
(Father, Mother, Guardian, Foster, etc.)

Does this student live with you? Yes No

Do you have custody? Yes No

Name: _____

Address: _____

Home: _____ Cell: _____

Work: _____ Email _____

Employer: _____

Emergency Contact 1 _____ Relationship _____ Phone _____

(Other than Parent) 2 _____ Relationship _____ Phone _____

Head of Household Education Level: Less than high school graduate High School Graduate (includes GED)

Some college, associate degree Bachelor's degree or higher

Does the parent presently serve in the: Full-Time Active Duty Military Part-Time National Guard Military Part-Time Reserve Military

of people in the household: _____

Does your child receive books from the imagination library? Yes No

What is the first language your child learned to speak? _____

What language does your child speak most often when home? _____

- Child receives special education services
- Child is in state custody or foster care
- Child attended Early Head Start or Head start
- Child/Family receives food stamps (EBT)
- Child is homeless or migrant

- Child has a history of abuse/neglect
- Child has a military parent who is missing in action, killed in action, or a prisoner of war
- Other at/risk factors: _____
- Has child ever attended Marion County Schools?

Does the student have an IEP? Yes No Special Services Received: Speech OT

Parent/Guardian Signature: _____

COMPLETE BOTH SIDES