

# Marion County Schools Pre-K Application

School Year 2023-24

WHITWELL 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

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For parent(s), please check box if you are an Out-Of-Workforce Individual

**Father:**(Check all that applies)Contact Allowed Mailings Allowed Enrolling Parent Released ToDeceased  
Education Rights Financial Resp.

**Mother:**(Check all that applies)Contact Allowed Mailing Allowed Enrolling Parent Released To Deceased  
Education Rights Financial Resp.

Parent Information: If there is a custody issue concerning your child, a current certified legal document, regarding custody or restrictions, must be on file in the main office at this school.

**LEGAL ALERT:**YES NO The following person(s) ARE NOT LEGALLY ALLOWED to sign out my child from school at any time: UP TO DATE **CERTIFIED LEGAL COURT** documents must be on file at school.

Name \_\_\_\_\_ Name \_\_\_\_\_

TRANSPORTATION:(Check all that applies) AM Bus # \_\_\_\_\_ PM Bus # \_\_\_\_\_ Car Rider \_\_\_\_\_ Walker \_\_\_\_\_  
If school is dismissed early: My child must call the following phone number \_\_\_\_\_ before early dismissal.  
My child does not need to call before early dismissal.

Indicate how your child should get home: (Check one)

I will pick up my child My child is to ride Bus # \_\_\_\_\_ (1<sup>st</sup> or 2<sup>nd</sup> load) to: \_\_\_\_\_  
My child is to ride the bus home as usual. My child is to ride home with \_\_\_\_\_

**MEDICAL INFORMATION**

In case of emergency, if contact cannot be made with numbers listed, school authorities will take the child to the doctor or call an ambulance.

**FAMILY DOCTOR:** \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Desired Hospital \_\_\_\_\_

Does your child have any serious health conditions?  NO  YES (If yes, indicate) \_\_\_\_\_

My student has the following health condition(s) that may require special care during school hours. Explain condition and note if medication is required from home or required during school hours as prescribed by doctor. Examples of Medical conditions include, but are not limited to: (Asthma, Diabetes, Food Allergy, ADD/ADHD, Etc.)

MEDICAL CONDITION(S): \_\_\_\_\_

MEDICATION REQUIRED AT SCHOOL:  YES  NO

The information provided above is true and accurate to the best of my knowledge. It is my responsibility to notify the school if my child's medical condition changes and/or if he/she has developed any medical conditions that may require attention during school hours.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Our policy states that no person shall be refused admission into or be excluded from any public school in this state on account of race, creed, color, sex, or national origin. All Title 1 parents have the right to request the qualifications or their child's teacher(s) and paraprofessional(s) working with them. Title 1 schools must notify parents of any child taught by a core academic teacher that is not highly qualified for more than four consecutive weeks.