Burrton Four-Year-Old Preschool Qualification Form School Year 2020-2021

Note: This form is being used to verify whether or not your child meets one or more of the qualifiers in order for our district to receive At-Risk Kansas State Department of Education grant funding for our preschool program. The child must be four (4) years old on or before August 31, 2020. Please answer all of the questions as completely as possible.

| Name of Child | | | |
|---|---|------------|----------|
| Address | | | |
| Date of Birth & Age | / / | years old | |
| Name of parents or guardians | | years | 9 0.4 |
| Phone Number (home) | | | |
| Phone Number (work) | | | |
| | | | |
| Questionnaire: | | _ | |
| Question | | Yes | No |
| Is the parent of this child a single parent (unn | , | | |
| Was either parent 19 years old or younger wh | nen this child was born? If Yes, how old? | | |
| Does the amount of family income allow the attached form) | child to qualify for free school lunches? (see | | |
| Does either parent lack a GED or high school | diploma? If yes, which parent(s)? | | |
| Does the child have a developmental or acade see ** below. | emic delay? (need assessment on file). If yes, | | |
| Does your child have limited English proficien | rcy? | | |
| Is the family or child on migrant status? (mus | t have Certificate of Eligibility on file) | | |
| Is SRS referring this child for a program? If yes, attach a copy of the referral letter | | | |
| | | <u> </u> | |
| **If your child has a developmental or academ | nic delay, why do they not qualify for special ed | ucation se | ervices? |
| | | | |
| | | | |
| Signature of Parent/Guardian: | | | |