

Suffolk Public Schools Preschool Initiative (Early Start) Application 2020-2021

Please complete all sections of this application. Once you have typed in all of the information, you will need to print and sign it. If you do not have printing capabilities, please pick up a hard copy of this application from any of our elementary schools or School Administrative Office. Completed applications may be submitted to any elementary school or School Administrative Office located at 100 North Main Street, Suffolk, VA 23434 by mail or in person. If you have any questions, please contact Tomika Doleman at (757)925-6760.

Child's Last Name:

First Name:

Middle Name:

Date of Birth:

Gender: Male Female

Primary language spoken at home:

Child's Race (Check all that apply) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White or Caucasian

Child's Ethnicity (Check one) Hispanic or Latino No Yes (Persons of Cuban, Mexican, Puerto Rican, South or Central American or Spanish culture or origin, regardless of race)

Will the child ride a SPS school bus to/from school? No Yes

Transportation Address (where child will be picked up):

Adult Responsible at bus stop:

Relationship to child:

Does your child have an IEP or Disability? No Yes

Check all that apply: ADHD LD ED Autism Speech Other:

If No, do you suspect your child may have special needs or a disability? No Yes

Has your child been diagnosed with any serious or chronic health conditions? Asthma, other?

Explain:

Does your child have any medically diagnosed allergies? (food allergies, dust, pollen, other)?

Explain:

Is the child in foster care? No Yes

Parent/Guardian Living in the same household as the Applicant

If parent, name must appear on birth certificate. If guardian, custody papers are required.

Adult 1 Parent/Guardian Name:

Male Female Date of Birth:

Relationship to Child:

Employment:

Home Address:

City: State: Zip:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Email Address:

Adult 2 Parent/Guardian Name:

Male Female Date of Birth:

Relationship to Child:

Employment:

Home Address:

City: State: Zip:

Work Phone Number:

Cell Phone Number:

Email Address:

Family Members Living in the Household Supported by Parent/Guardian Income

Name 1:

Male Female Date of Birth:

Relationship to Applicant:

Name 2:

Male Female Date of Birth:

Relationship to Applicant:

Name 3:

Male Female Date of Birth:

Relationship to Applicant:

Name 4:

Male Female Date of Birth:

Relationship to Applicant:

Name 5:

Male Female Date of Birth:

Relationship to Applicant:

Name 6:

Male Female Date of Birth:

Relationship to Applicant:

Total Number in Family:

Other Household Members

Name 1:

Male Female Date of Birth:

Relationship to Applicant:

Name 2:

Male Female Date of Birth:

Relationship to Applicant:

Name 3:

Male Female Date of Birth:

Relationship to Applicant:

Name 4:

Male Female Date of Birth:

Relationship to Applicant:

Total Number in Household:

Family Type:

Marital Status:

Court Custody Information:

Child's Health Insurance: None Medicaid Military FAMIS Private

If none, would you like information regarding health insurance for children? No Yes

Mother's Health Insurance: None Medicaid Military FAMIS Private

Father's Health Insurance: None Medicaid Military FAMIS Private

Child previously/currently enrolled in Head Start/STOP/Preschool/Private Daycare?

No Yes If yes, which one:

Did parent(s) graduate from high school?

Mother: If No, last grade attended?

Mother: If No, did she obtain GED?

Father: If No, last grade attended?

Father: If No, did he obtain GED?

Did parent(s) attend and complete college?

Mother: If Yes, Degree:

Father: If Yes, Degree:

Lack of family support in the area? No Yes

Active Duty Military? No Yes If Yes, Deployment history/dates?

Emergency Contact (Other than parent/guardian)

Name:

Address:

Phone Number:

Relationship to Child:

Are you lacking fixed, regular, adequate housing, or are you homeless at this time? No Yes

Living with relatives or others due to:

Recent change in family structure/guardianship within one year? No Yes

Domestic violence/traumas witnessed or encountered by child? No Yes

Please explain:

Physical abuse/sexual abuse of child? No Yes

Please explain:

Recent death/suicide of a relative that would impact the child? No Yes

Relationship to child:

Disabled parent or family member within household? No Yes

Relationship to child:

Serious health concern of a family member(s) within the household? No Yes

Relationship to child:

Condition(s):

Any family member within the household receiving counseling services? No Yes

Please explain:

Substance Abuse (parent)? No Yes

Please explain:

Incarcerated parent in the past or currently. No Yes

Please explain: (reason, place, and time)

Self-Reported Family Income from All Sources

WIC: No Yes

SNAP: No Yes

TANF: No Yes

TANF Monthly Amount:

Family Member 1:

Income Source-Job/SSI/Child Support:

Gross Amount (before taxes):

Frequency:

Total Yearly Amount:

Family Member 2:

Income Source-Job/SSI/Child Support:

Gross Amount (before taxes):

Frequency:

Total Yearly Amount:

By submitting this application, I give my permission for my child to be considered and accepted into Suffolk Preschool Initiative (Early Start). I further understand placement will be determined by Suffolk Public Schools Staff.

Parent/Guardian Signature:

Date:

SPS Staff Signature:

Date:

Certification: I certify that all of the information on this application is true. If any part is false, participation in the program may be terminated and I may be subject to legal action. I understand that the information in this application will be held in strict confidence, and is accessible to me during normal business hours. I also understand that this is not a first-come, first served process, and that selection is based on weighted risk factors. Children with the highest risk factors will be selected first. In conclusion, I understand that program eligibility is conditional on being a resident of Suffolk and regular program attendance.

