



Application for Attendance Four Year Old Preschool

Complete and return to:

USD 258 Humboldt
Board of Education Office
801 New York
Humboldt, KS 66748
or Humboldt Elementary (August through May)

Child's Name _____ Child's Social Security # _____

Child's Date of Birth _____ Child's Gender: Male Female

Child lives with: Both Parents Father Mother Foster Parent(s) Other _____

Marital Status: Married Divorced Separated Widowed Single

Mother's Name _____ Mother's Date of Birth _____

Mother's Highest Education Level: High School Diploma GED Other _____

Father's Name _____ Father's Date of Birth _____

Father's Highest Education Level: High School Diploma GED Other _____

Street Address _____

Mailing Address _____

Home/Message Phone _____ Cell Phone _____ Work Phone _____

Is your child receiving any special services, (i.e. speech therapy, learning disabilities, mentally handicapped, other) Do they have an IEP (Individual Education Plan)? Yes No

What language is spoken in your home? English Other _____

How did you hear about this program? _____

If child has a case number for Food Stamps, TAF or FDPIR, please list here _____

If child has a number, skip the following income information

Part 1. Foster Child

Check box if this application is for a child who is the legal responsibility of a welfare agency or court. List his/her monthly personal use income. If the foster child has no personal use income, write "0". \$ _____ Skip part 2.

Part 2. Total Household Gross Income

You must tell us the amount of gross income received and how often it is received – weekly, every 2 weeks, twice a month, monthly, yearly.

List Names of ALL Household Members	Date of Birth	Earnings From Work before deductions (including overtime)		Other Regular Income: Welfare, Child Support, Alimony, Pension, Social Security, Other		Temporary Income: Strike Benefits, Unemployment, Worker's Comp		Check if ZERO Income
		Amount	How Often	Amount	How Often	Amount	How Often	
1.		\$		\$		\$		<input type="checkbox"/>
2.		\$		\$		\$		<input type="checkbox"/>
3.		\$		\$		\$		<input type="checkbox"/>
4.		\$		\$		\$		<input type="checkbox"/>
5.		\$		\$		\$		<input type="checkbox"/>
6.		\$		\$		\$		<input type="checkbox"/>
7.		\$		\$		\$		<input type="checkbox"/>
8.		\$		\$		\$		<input type="checkbox"/>

For Office Use Only Approved Denied Notes _____