

Cleveland School District FOUR YEAR OLD/PRE-KINDERGARTEN Application

Parks Elementary2024/2025 School YeApplicant must be four years old by September 1, 2024 2024/2025 School Year

| Please Print. Use Ini Name of Student | k | | |
|---|---|--|------------------------|
| | First | Middle | Last |
| Date of Birth/ | / Social Security Number// | | |
| Parent(s) Name(s) | | | |
| | First | Middle | Last |
| | First | Middle | Last |
| Cell Phone # | W | ork Phone # | |
| Mailing Address | | | |
| Student's Home Addre | Street Name and N | umber | City |
| Student's RACE | Street Name and Student's | | City |
| Does your child r he/she receives | - | vices? If so, please list | t all special services |
| is the | e child's first lang | uage. | |
| All applicants must fil | l out the Home La | anguage Survey. | |
| Please give the name of | of the daycare or j | pre-school center now | attending, if any: |
| Do you have another chi | ld who is applying | for enrollment? Yes | No. If Yes: |
| Name | ame is now in grade at | | |
| not a required program. T | The District reserves if the applicant does e district may deem | s the right to revoke the op s not meet all the requirer detrimental to the progra | |
| requirements for Clevelar | | | |
| Signature of Parent/G | uardian | | Date |
| Date Received (school | use only) | | |