



2024/2025 School Year

Applicant must be four years old by September 1, 2024

Name of Student _____

Parent(s) Name(s)	First	Middle	Last
	First	Middle	Last

Mailing Address _____
Street Name and Number *City*

Student's Home Address _____
Street Name and Number *City*

____ Does your child receive special services? If so, please list all special services he/she receives.

_____ is the child's first language.

All applicants must fill out the Home Language Survey.

Please give the name of the daycare or pre-school center now attending, if any:

Do you have another child who is applying for enrollment? ____ Yes ____ No. If Yes:

Name _____ is now in grade _____ at _____.

IMPORTANT:

Cleveland School District Four Year Old/Pre-Kindergarten Program is an optional program. It is not a required program. The District reserves the right to revoke the option of this program, at any point in the school year, if the applicant does not meet all the requirements for the Program or for any other reason that the district may deem detrimental to the program.

I certify that the above information is true and that the applicant meets all admissions requirements for Cleveland School District.

Signature of Parent/Guardian _____ Date _____

Date Received (school use only) _____