

Skyline Schools, USD 438

Application for Enrollment Pre-School & Kindergarten Programs



Please complete this form and return it to
Skyline Schools, 20269 W. Highway 54, Pratt, KS 67124
to reserve your child's spot in the 2017-18 classes.

Please plan to join us on February 9, 2017 anytime between 5:30 and 7:00 to meet our teachers and learn about our early childhood education programs and the Skyline School district. We will follow up with you after you submit your application to provide more details about this event. Feel free to call us at 620-672-5651 with questions.



SECTION 1: Information About Your Child

Are you enrolling your child in Pre-School or Kindergarten?

Pre-School (must be 4 years old before September 1)
or

Kindergarten (must be 5 years old before September 1)

Child's Full Legal Name _____

Child's Preferred First Name _____

Date of Birth: ____ / ____ / 20__

Gender: Boy or Girl

TUITION & FEE INFORMATION

- Application Fee for Pre-School Only: \$25, please include with application.
- Pre-School Tuition: \$110*/month x 9 months. **Tuition will be adjusted based on household income and number of children in the home attending Skyline Schools.*
- Kindergarten Fees: \$110/year
- Transportation provided for students living within the district.

SECTION 2: Information About Parent/Guardian

Please indicate with whom the child lives:

Both Parents

Father

Foster Parents

Mother

Grandparents

Other

Father _____ Employer _____

Father's Address _____ City _____ State _____ Zip _____

Father's Home phone number _____ Father's Cell phone number _____

Father's Email address _____

Mother _____ Employer _____

Mother's Address _____ City _____ State _____ Zip _____

Mother's Home phone number _____ Mother's Cell phone number _____

Mother's Email address _____

If the child lives with someone other than parents please provide the following information.

Guardian _____ Relationship to child _____

Guardian's Address _____ City _____ State _____ Zip _____

Guardian's Home phone number _____ Guardian's Cell phone number _____

Guardian's Email address _____

SECTION 3: ETHNICITY / RACE

Is the child Hispanic/Latino? (Please check one of the following.)

- No, not Hispanic/Latino or
- Yes, Hispanic/Lantino

Checking "yes" indicates the child is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

What is the child's race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

SECTION 4: HOME LANGUAGE

What language did the child first learn to speak/use?

- English
- Spanish
- Other _____

What language do the adults at home speak/use most often?

- English
- Spanish
- Other _____

What language does the child most often speak/use at home?

- English
- Spanish
- Other _____

What language does the Parent/Guardian of the child read/write?

- English
- Spanish
- Other _____

What language do you speak/use most often with the child?

- English
- Spanish
- Other _____

SECTION 5: EMERGENCY CONTACT and MEDICAL INFORMATION

Emergency Contact #1

Name _____ Relationship to Child _____

Primary Phone # _____ Alternate Phone # _____

Emergency Contact #2

Name _____ Relationship to Child _____

Primary Phone # _____ Alternate Phone # _____

Child's Primary Physician _____ Phone # _____

Special Medical Considerations _____

Allergies _____

SECTION 6: ADDITIONAL QUESTIONS

Does this child have a current Individual Education Plan (I.E.P.)? Yes or No

In district families - will your child ride the bus to / from school? Yes or No

Does this child have a parent active in the military? Yes or No