



# 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 2018-19 classes. Please plan to join us on February 8, 2018 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)  
 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: 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