



**DEPARTMENT OF EDUCATION  
PILOT PREKINDERGARTEN (VPK) APPLICATION  
SY2022-2023**

**CHILD'S INFORMATION**

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
<b>Date of Birth:</b>	<b>Sex:</b>	<b>Social Security No.:</b>
<b>Current address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Mailing Address (if different from current address):</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Citizenship:</b> [ ] US [ ] CNMI [ ] FSM [ ] Belau [ ] Resident Alien [ ] Non-Resident		
<b>Ethnicity (Check all that apply):</b> [ ] American Indian/ Alaskan [ ] Asian [ ] African American [ ] Caucasian [ ] Pacific Islander [ ] Other - Specify _____		
<b>Child's Primary Language:</b>		<b>Family's Primary Language:</b>

**FAMILY INFORMATION**

<b>Name of Mother/Guardian (Circle One):</b>	<b>Date of Birth</b>	<b>Ethnicity</b>	<b>Occupation</b>	<b>Full/Part Time</b>
Last, First, Middle Name:				
<b>Contact Information</b>				
Home	Cell	Work	Email	
Mailing Address		Home Address		
<b>Name of Father/Guardian (Circle One):</b>	<b>Date of Birth</b>	<b>Ethnicity</b>	<b>Occupation</b>	<b>Full/Part Time</b>
Last, First, Middle Name:				
<b>Contact Information</b>				
Home	Cell	Work	Email	
Mailing Address		Home Address		
<b>Name of Emergency Contact:</b>				
<b>Relationship:</b>				
<b>Contact Information</b>				
Home	Cell	Work	Email	
Mailing Address		Home Address		
1. Did your child receive or is currently receiving early intervention services? No: _____ Yes: _____ If yes, what services: _____				
2. Does your family receive or participate in public assistance program(s)? No: _____ Yes: _____ If yes, what services: _____				

**Please read before signing.**

I certify that the above information is true and correct. I understand that this information will be used to determine the eligibility of my child for the Prekindergarten Program. I understand that the deliberate misrepresentation of the information may result in the dismissal of my child's participating in the Prekindergarten Program. This program does not discriminate based on disability in accordance with the Americans with Disabilities Act.

<b>Print Name:</b>	<b>Date:</b>	<b>Time:</b>
<b>Signature:</b>		
<b>Reviewed by:</b>	<b>Submitted Date:</b>	