



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

CHILD'S INFORMATION

Last Name:	First Name:	Middle Initial:
Date of Birth:	Sex:	Social Security No.:

Current address:

City:	State:	ZIP Code:
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Mailing Address (if different from current address):

City:	State:	ZIP Code:
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Citizenship: US CNMI FSM Belau Resident Alien Non-Resident

Ethnicity (Check all that apply): American Indian/ Alaskan Asian African American Caucasian
 Pacific Islander Other - Specify _____

Child's Primary Language:	Family's Primary Language:
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FAMILY INFORMATION

Name of Mother/Guardian (Circle One):	Date of Birth	Ethnicity	Occupation	Full/Part Time
Last, First, Middle Name:				

Contact Information

Home	Cell	Work	Email
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Mailing Address	Home Address
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Name of Father/Guardian (Circle One):	Date of Birth	Ethnicity	Occupation	Full/Part Time
Last, First, Middle Name:				

Contact Information

Home	Cell	Work	Email
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Mailing Address	Home Address
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Name of Emergency Contact:

Relationship:

Contact Information

Home	Cell	Work	Email
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Mailing Address	Home Address
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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.

Print Name:	Date:	Time:
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Signature:	
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Reviewed by:	Submitted Date:
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