

OLYMPIANS PRE SCHOOL

OPEN ENROLLMENT APPLICATION FORM

Student's Legal Name (Last Name, First Name, Middle Initial)		Birth Date:		20____ / 20____ School Year	
Student's Address (Number, Street, & Apt # or Lot #)			Age:	Gender	Ethnicity Hispanic – Y or N Race _____
City, State, Zip Code			Last School Attended:		
Mother's Name or Legal Guardian (Circle One)			Phone		
Father's Name or Legal Guardian (Circle One)			Phone		
Student Lives With:		Email Address (please print)			
Schedule: (please choose one) <u>4 year old Program (VPK)</u> Full-Time Part-Time VPK Only 8:30-11:30 <u>3 year old program</u> Full-Time Part Time Preschool Hours 7:30am-5:30pm		Requires Special Program: Has a current IEP or EP or 504? SLD, Speech, Lang Imp, EBD, EMH, VE, Gifted, ESOL, 504 Yes or No Other – Please Explain _____			
Sibling Preference		How did you hear about us?			
Application Date:		Parent Signature:			
<p>*This form alone does not secure a spot in the Preschool/VPK classroom. A complete enrollment packet VPK voucher (VPKstudents only)and registration fee must be turned in to Director to guarantee your place. Packets can be picked up in front office or in the Preschool classroom.</p>					

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