

PRE-KINDERGARTEN 4 YR (P4) SCHOOL APPLICATION

Your child must be four on or before August 1, 2018, in order to apply to the P4 program.

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____ Zip: _____ Race _____

Phone (Home): _____ Phone (Work): _____ Phone (Cell): _____

Assignment Criteria:

- First preference: Children who live IN the attendance zone, with older siblings attending the same school.
- Second preference: Children who live IN the attendance zone without siblings attending the same school.
- Third preference: Children of employees at the school.
- Fourth preference: Children who do NOT live IN the attendance zone and have siblings attending the same school.
- Fifth preference: Children who do NOT live IN the attendance zone and DO NOT have siblings enrolled in the school.

If the demand exceeds the number of available seats, students will be placed using a computerized selection process. Any student who does not receive an assignment will be placed in a waiting pool for the school (s) requested.

I UNDERSTAND TRANSFERS WILL NOT BE GRANTED FOR OLDER SIBLINGS BASED UPON P4 PLACEMENT.

PARENT INITIALS

IF ACCEPTED INTO THE PROGRAM, AND MY CHOICES ARE NO LONGER OFFERED, MY CHILD WILL BE PLACED IN THE NEAREST SCHOOL OR EARLY CHILDHOOD CENTER.

PARENT INITIALS

If your child attended P3 at a LRSD school last year, which school? _____.

If you would like to attend the same school for the P4 program, make this your 1st choice below.

You may make two choices. Please rank your choices in numerical order (1st and 2nd).

- | | | |
|-------------------------------|-----------------------------------|-------------------|
| ___ BOOKER | ___ FULBRIGHT | ___ ROMINE |
| ___ BRADY | ___ GEYER SPRINGS Early Childhood | ___ STEPHENS |
| ___ CARVER | ___ GIBBS | ___ TERRY |
| ___ CHICOT Early Childhood | ___ JEFFERSON | ___ WASHINGTON |
| ___ DODD | ___ ML KING | ___ WESTERN HILLS |
| ___ FAIR PARK Early Childhood | ___ McDERMOTT | |
| ___ FOREST PARK | ___ ROCKEFELLER Early Childhood | |

NAME / Date of Birth of Sibling(s):

_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth

TRANSPORTATION WILL NOT BE PROVIDED FOR STUDENTS IN THE LRSD FOUR-YEAR-OLD PROGRAM.

Parent Signature
White Copy – Early Childhood Office

Date
Yellow Copy - Parent