



2018-2019 Wirt County Universal PreK Registration Application

Student Name: _____ Sex: Male / Female
 LAST FIRST MIDDLE

Birthdate (mm/dd/yr): ____/____/____ Birthplace (City and State): _____

Immigration Information: AGE ____ Born Outside United States? ____ Yes ____ No

Student lives with (Name): _____ Relationship: _____

Street Address: _____ City: _____

State: _____ Zip: _____

Mailing Address (if different): _____ City: _____

State: _____ Zip: _____

Directions to Home (Be as specific as possible): _____

Home Phone: _____ Cell Phone: _____

Are there any custody restrictions? ____ Yes ____ No

***NOTE: Any Custody Restrictions Must Be Documented By a Court Order.
A Copy of the Court Order Must Be Provided.**

Native Language: _____ (household language)

EN=English SP=Spanish FR=French HI=Hindi JA=Japanese GF=German PT=Portuguese
IT=Italian PO=Polish VT=Vietnamese HM=Hmong NA=Navajo CC=Chincese Cntonese
CM=Chinese Mandarin TH=Thai CA=Cambodian KO=Korean TA=Tagalog LA=Laotian AR=Arabic
RU=Russian CR=Creole (French) OT=Other

Ethnic Group:

Is Student Hispanic/Latino? ____ Yes ____ No

From racial categories below, circle one or more races with which you identify:

Asian Pacific Islander Black White American Indian/Alaskan Native

Family Information:

Father (Last name, First, MI) _____

Home Phone: _____ **Cell Phone:** _____

Father living in home? _____ Yes _____ No

Date of Birth: _____ Email Address: _____ Employer: _____

Work Phone: _____

Home Address (if different from above) _____ City: _____

State: _____ Zip: _____

Mailing Address _____ City: _____

State: _____ Zip: _____

Mother (Last name, First, MI): _____

Home phone: _____ **Cell Phone:** _____

Mother Living in home? _____ Yes _____ No

Date of Birth: _____ Email Address: _____ Employer: _____

Work Phone: _____

Home Address (if different from above): _____ City: _____

State: _____ Zip: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____

List Siblings and Dates of Birth:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Is there a current Order of Protection or No Contact Order which concerns this student? ___ Yes ___ No
If "yes" a copy of the order must be provided to the school office.

Emergency Contacts:

Name _____ Phone _____
Number _____

Name _____ Phone _____
Number _____

Name _____ Phone _____
Number _____

Income Data: Please complete the requested information below. *The income information will be evaluated according to the "Income Guidelines" established by the United States Department of Health and Human Services to determine Head Start Eligibility.

ALL INFORMATION WILL BE STRICTLY CONFIDENTIAL.

In the past year has anyone if your household received or been eligible for any of the following?

- ___ Supplemental Security Income (SSI)
- ___ TANF/WV Works
- ___ WIC
- ___ Hud or Low Income
- ___ SNAP
- ___ Shared Housing
- ___ WV Birth to Three
- ___ Homeless
- ___ Foster Care
- ___ Living w/Family or Friends

Educational History:

Child previously enrolled in:

___ Child Care(Please list name) _____

___ Head Start(Please list center name)_____

___ WV Birth to 3

___ Preschool(Please list center name)_____

___ Other(Please list)_____

___ Special Education Services(Please list)_____

Is the child toilet trained? ___ Yes ___ No

Other Concerns:_____

Income based on _____ Last Calendar Year _____ Previous 12 months

_____ Current Situation

Please write the income amount in the blanks provided:

Verifications: TANF _____ 1040 Tax Return _____ W-2 _____

Pay Envelope _____ Pay Stubs (6 months) _____ Frequency _____

Signed employment statement _____

Public Assistance (dates) _____

Unemployment _____ (Attach to app) SSI _____ Child Support _____

Affidavit of no Income _____ (Attach to app) Workers Comp _____

Social Security Disability _____ Other Income _____

Family Unit _____ (Adults) _____ (Persons under 18)

Total Gross Income _____