



BILL WITHROW, PRINCIPAL
486 W. REDOUBT AVE. SOLDOTNA, AK 99669
(907) 260-4300 (907)262-5815 FAX

<http://redoubtelementary.blogs.kpbsd.k12.ak.us/wpmu/>

SECTION 1 - CHILD INFORMATION

Child's Name: _____
Last First Middle Nickname

Date of Birth: _____ Gender: _____ (Female / Male)

Mailing Address: _____

Physical Address: _____

LANGUAGE OTHER THAN ENGLISH: _____

SECTION 2 - FAMILY INFORMATION

Father: _____
Full Name Employer

Phone: _____ / _____ / _____ / _____
Home Work Cell Message

Email Addresses: _____
Father Mother

Mother: _____
Full Name Employer

Phone: _____ / _____ / _____ / _____
Home Work Cell Message

Child primarily resides with _____

Emergency Contact Person: _____
Name Contact Phone

Name Contact Phone

Please name the School(s) your child's sibling(s) attend:

Please list Siblings at Redoubt Elementary: _____

Has this child ever been enrolled in a Pre-School Program or Day Care?

Yes _____ No _____ Where? _____ Dates _____

Is this child, or his/her siblings eligible for services under (please mark all that apply)

Migrant Education _____ ELL (English Language Learner) _____

Special Education _____ Free or Reduced Lunch _____

REQUIREMENTS:

Regular attendance is expected. You will be contacted if your child has numerous unexcused absences. He/she will be placed on PROBATIONARY STATUS and could be removed from the program. Transportation to and from the program is not provided.

PARENT INVOLVEMENT:

Parents/guardians are strongly encouraged to volunteer in the Title I PRE-K program. Research has shown that parent involvement in the education process is vital for student success

I would be interested in volunteering in the following capacity: *(Circle ALL that apply)*

Room Volunteer	Bulletin Board <i>(can be completed at your home)</i>	Materials Preparation <i>(can be completed at your home)</i>
Snack/Recess Aide	Special Projects or Holidays	Other:

All information supplied will be held in strict confidence by the administration.

Student acceptance into this program will be based on results from an initial assessment. Screenings will take place in late April or early May. A fall screening may be available if there is still room in the program for additional students. Please contact your neighborhood school for screening dates and locations and to schedule an appointment. **Students must be 4 years of age on or before Sept. 1.**

Parent/Guardian Signature _____ **Date** _____