

FOUR YEAR OLD AT RISK PROGRAM APPLICATION

Child Information

Name _____ Sex _____ Date of Birth _____

Child Lives with: _____ Both Parents _____ Mother _____ Father _____ Other

Parent Information

Mother

Father

Name _____

Date of Birth _____

Address _____

*Grade Completed _____

Phone Number _____
(home, work, cell)

General Information

Names & ages of siblings in the household: _____

1. Does your child qualify for the free lunch program? (must have completed application for State At Risk Funding or Child Nutrition Benefits) **Y** **N**
2. At time of enrollment, the custodial parent is unmarried **Y** **N**
3. Are you currently working with SRS? If so, do you have an assigned case worker? (reason for referral must be documented and signed by SRS agent) **Y** **N**
4. At the time of the child's birth, was at least one parent a teenager? **Y** **N**
5. * Does either parent lack a high school diploma or a GED? **Y** **N**
6. Does your child qualify for migrant status? (A copy of the Certificate of Eligibility must be on file.) **Y** **N**
7. Does your child qualify for ESOL services? (documentation must be in child's file and ESOL services must be provided.) **Y** **N**
8. Is your child determined by a qualified professional to be developmentally and/or academically delayed based on standardized assessment results? **Y** **N**
(Assessment must be in child's file)

Parent/Guardian Signature _____ Date _____

___ Approved ___ Disapproved

Administrator's Signature: _____ Date _____