

Mecklenburg County Public Schools  
Pre-School Application – 2021-2022

Mecklenburg County Public Schools offers a pre-school developmental program for at-risk four-year olds. This program provides a healthy learning environment that addresses the needs of the pre-school children who may be at-risk of poor school performance. The program is small due to funding and enrollment is competitive. **All who apply will not be enrolled.** Students must qualify for enrollment. Those who qualify, but are not enrolled, will be placed on a waiting list.

Please print legibly and fill in ALL information requested as it will be used to help determine eligibility.

Date: \_\_\_\_\_

Name of school community in which you live.

- Chase City Elementary       Clarksville Elementary  
 LaCrosse Elementary       South Hill Elementary

Is your child attending school at present? \_\_\_\_\_ If so, where \_\_\_\_\_

Name of Student: \_\_\_\_\_  Male       Female  
(Last)                      (First)                      (Middle)

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Certificate Number: \_\_\_\_\_  
(No hospital identification numbers)

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

911 Address

\_\_\_\_\_  
\_\_\_\_\_

What school bus passes your home? Bus Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Parents Living Together

Parents Not Living Together

Student Lives With (if other than parent(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you receiving assistance from Social Services?  Yes  No If so, what?

Parent/Guardian resident of Mecklenburg County?  Yes  No

Please list all persons living in the home.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian completing this form: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Signature of school representative who received this application: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Complete information received:

- Social Security Card # verified  Current Immunization Record  
 Birth Certificate # verified  Physical Examination

Comments:

\_\_\_\_\_  
\_\_\_\_\_