



Are you applying for financial assistance? NO _____ YES _____
If YES please fill out both pages of the form. ♦ If NO please fill out this page ONLY.

CHILDREN NEEDING PRESCHOOL :	
1. Child's Name: _____	Date of Birth: _____ Sex F M Grade _____
2. Child's Name: _____	Date of Birth: _____ Sex F M Grade _____
3. Child's Name: _____	Date of Birth: _____ Sex F M Grade _____
Parent/Guardian 1's Name: ▶ _____ Date of Birth: _____ Home Address: _____ City: _____ State: _____ Zip Code: _____ Email address: _____ Home Phone Number: _____ Cell Phone Number: _____	Parent/Guardian 2's Name: ▶ _____ Date of Birth: _____ Home Address: _____ City: _____ State: _____ Zip Code: _____ Email address: _____ Home Phone Number: _____ Cell Phone Number: _____
Parent/Guardian 1's Employer/School: _____ Work/School Address: _____ Work/School Phone Number: _____	Parent/Guardian 2's Employer/School: _____ Work/School Address: _____ Work/School Phone Number: _____

Child's Primary Home Language: English _____ Spanish _____ Other _____	Parent's Primary Home Language: English _____ Spanish _____ Other _____
Child's Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	Child's Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino

▶ **Does your child have an IFSP or IEP (for Special Education)?** Yes _____ No _____ (If yes, attach a copy of your child's IFSP/ IEP)

<input type="checkbox"/> <i>Infant/ Toddler Center (0 -35 months)</i> <i>Must be three years old by 9/1</i> <input type="checkbox"/> Franklin <input type="checkbox"/> Washington West <input type="checkbox"/> John Adams <input type="checkbox"/> Will Rogers <input type="checkbox"/> Lincoln <input type="checkbox"/> Undecided <input type="checkbox"/> McKinley	<p align="center"><u>Type of Preschool requesting:</u></p> <input type="checkbox"/> Part Day (3 hours) <input type="checkbox"/> Full Day (Hours needed _____) <p align="center">⇒ <i>Please check</i> ✓ <i>school year requesting:</i> <input type="checkbox"/> 2023-24 <input type="checkbox"/> 2024-25</p>
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_____ Parent/Guardian's Signature

_____ Date

▶ SECTION BELOW MUST BE COMPLETED ONLY BY FAMILIES WHO ARE REQUESTING FINANCIAL ASSISTANCE

Number of children living at home: _____

Are you a single parent family? YES _____ **NO** _____

Parent/Guardian 1's monthly gross income (before taxes): _____

Parent/Guardian 2's monthly gross income (before taxes): _____

Are you or any member in your family receiving:

- Child Support \$ _____
 Unemployment \$ _____
 TANF/Cal WORKs \$ _____
 Medi-CAL
 Cal Fresh/Food Stamps \$ _____
 Healthy Families
 SSI
 WIC

Is your family homeless? YES _____ NO _____

Is your child under the care of Child Protective Services? YES _____ NO _____

Do you have any other children enrolled in any state-subsidized program with SMMUSD?

NO _____ YES _____ → Child's Name: _____ School: _____

Please list below all siblings in the household (not those requesting preschool/childcare):

Child's Name:	Date of Birth / /	Sex F / M	School /Grade:
Child's Name:	Date of Birth / /	Sex F / M	School /Grade:
Child's Name:	Date of Birth / /	Sex F / M	School /Grade:

Comments:

Parent/Guardian's Signature

Date

OFFICE USE ONLY:

DATE RECEIVED: _____ **ELIGIBILITY #** _____