



Chesterfield County Public Schools Pre-K Program Enrollment Application

*Completion of this application does not ensure acceptance into the pre-k program.
Accepted students will be notified.*

Today's date: _____ Home school (where the student resides): _____ school

Student's full name: _____ Date of Birth: _____

Mother's education:

K-5 6-8 GED High School Some college, vocational school or Associates degree Bachelor/Advanced Degree

Father's education:

K-5 6-8 GED High School Some college, vocational school or Associates degree Bachelor/Advanced Degree

Lives With: Father Mother Both Parents Other: _____

Language primarily spoken in home: English Not English Language spoken: _____

Have siblings attended a pre-k program: Yes No CCPS Pre-K at _____ school

Employment status of father/guardian: Full time Part time Unemployed Taking classes/training

Employment status of mother/guardian: Full time Part time Unemployed Taking classes/training

Check all that apply to your immediate family:

- Military deployment Single parent Separation/divorce
Death in family (within the last year) Substance abuse Illness in family Incarceration of parent
Child not covered by health insurance Physical/sexual abuse Homelessness Family Counseling
Foster Parent Child raised by someone other than parent (not a foster child)

What was the birth mother's age on birth certificate: _____

Check any of the below that apply to your child:

Developmental delay Low birth weight Maternal substance abuse during pregnancy

Does your child have a disability or special need: Yes No Describe: _____

Does your child have a current IEP: Yes No Describe: _____

Does your child have a speech or language problem: Yes No Describe: _____

Does your child receive speech or language services: Yes No Describe: _____

Is there any information you want to share not included on this application that we should consider? (Optional response)

I certify all the information in this application is true and all income is reported. I understand if any of this information changes, I am obligated to notify the program immediately. I understand deliberate misrepresentation of any of this information may subject me to prosecution under applicable State and Federal Laws. Misinformation may cause your child to be excluded from this program. Completion of all application information (including physical examination, immunizations, birth certificate, proof of residence, etc.) is required.

Signature of parent/guardian: _____ Date: _____ Office use only