

Cleveland School District
PARKS ELEMENTARY SCHOOL
Pre-Kindergarten (4 Year Old Kindergarten) Application
2019/2020 School Year



Please Print. Use Ink.

Name of Student _____
First Middle Last

Preferred Name (Not nickname- FIRST or MIDDLE name) _____

Date of Birth ____/____/____ Social Security No. _____ - _____ - _____

Parent(s) Name(s) _____
First Middle Last

First Middle Last

Home Phone # _____ Work Phone # _____ Cell # _____

Physical Residence Address _____

Mailing Address _____
Street Name and Number / P.O. Box #/ Apt. # City zip code

Student's RACE _____ Student's SEX _____

Name and address of preschool program my child is presently attending (if any)

In order to make application for prekindergarten the child must be 4 years of age on or before September 1, 2019.
ALL immunizations (Form 121) must be presented at enrollment.

IMPORTANT: I certify that the above information is true and that the applicant meets all admission requirements for Cleveland School District. Admission may be revoked if it is determined a student does not meet all minimum requirements at the time of fall registration.

Signature of Parent/Guardian _____ Date _____

This form must be returned to the Parks Elementary School
Parks Elementary School
Phone – 662-843-3166 - FAX (662) 545-4195 or email mdean@cleveland.k12.ms.us

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For School Use Only

Date Received by school's office _____ Initialed by _____