

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 and meet all requirements listed on the Pre-Kindergarten Parent Agreement Contract. 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 full registration.

Signature of Parent/Guardian _____ Date _____

This form must be returned to the Parks Elementary School.

Parks Elementary School - 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 _____



Cleveland School District

Where Learning is Essential

Otha Belcher Jr., Ed.D, Superintendent, Cleveland School District 662-843-3529

PRE-KINDERGARTEN PARENT AGREEMENT CONTRACT

NOTE: This contract, when signed by the parents or guardians of the within named student, constitutes an application, and must be presented at the school, before it can be considered for conditional acceptance, as provided hereinafter.

1. Name of child: _____

2. The undersigned parents or guardians understand the requirements set forth by the four-year kindergarten program at Cleveland School District and agree that the above listed child meets these requirements. The undersigned parents or guardians agree that if for any reason the child named above does not meet the requirements of the program then they will withdraw from the program. Upon acceptance of the application for the child named above, and signing of this contract, the school will consider the student as enrolled for the school year and will make necessary preparations on that basis. For this consideration and in consideration of the acceptance of this contract by the school, the undersigned agree that the child listed above does meet all the following requirements:

- _____ 1. Every student in the program must reside within Cleveland School District.
- _____ 2. Every student in the program must be completely potty trained
- _____ 3. Every student in the program must be able to feed themselves
- _____ 4. Every student in the program must be able to take care of personal hygiene needs
- _____ 5. Every student in the program must be able to express needs and preferences clearly
- _____ 6. Every student must be able to express frustration and anger appropriately for their age (*e.g., without harming self, others, or property*)
- _____ 7. Every student must be able to follow simple directions

3. That we, on behalf of the above named student consent and agree to all rules, regulations and policies of the school, now in effect or which may, at any time in the future, be promulgated by the school during the term of this agreement contract and will fully abide by same, and we do further acknowledge that we have received and had an opportunity to review a copy of such rules, regulations and policies, as set forth in the Handbook of Cleveland School District;

4. That this agreement contract and the application for the above named student shall be considered a single integrated agreement contract, and that both this agreement contract and the application are subject to all provisions of the rules, regulations and policies of the Cleveland School District, as set forth in the Handbook of the Cleveland School District.

5. Conditional acceptance: The above constitutes an application subject to consideration, review, approval and acceptance.

Date: _____ Signature: _____

Parents or Guardians

Home Phone # _____ Cell Phone # _____ Work Phone #: _____

Address of Parent/Guardian: _____

Subject to all the conditions, covenants, and agreements stated above, _____ elementary school hereby accepts the above contract and accepts the student named therein for enrollment for the _____ School Year.

Date: _____

By: _____
Principal Signature