



# PRE-K



*Applicants must meet the MS age requirements for the 2019-2020 school year (4yrs old by September 1, 2019)*

## Application Documentation

1. A certified copy of your child's birth certificate
2. An up-to-date copy of your child's Immunization Compliance Form (Form 121) "Shot Record"
3. Two proofs of residency: \*The same name and address **MUST** be on both documents.
  - Filed homestead exemption application form
  - Mortgage documents or property deed
  - Apartment or home lease.
  - Affidavit of residency
  - Utility bills (current within at least thirty days)
  - Driver's license
  - Voter precinct identification
  - Automobile registration
  - Certified copy of filed petition for guardianship if pending and final decree when granted
  - Any other documentation that will objectively and unequivocally establish that the parent or guardian resides within the school district

Affidavits should have a copy of the lease, mortgage document, or property deed as proof.

### Deadline

- **ALL** applications should be returned to the LCSD Central Office.
- Incomplete applications will **NOT** be accepted

Applications **MUST** be received by 4:00 pm

**April 5, 2019**

Central Office will be closed March 11-15, 2019

### Pre-K Screening Dates

A parent or guardian must bring their child to the LCSD Central Office to complete **SCREENING** on one of the following dates:

Tuesday, April 16<sup>th</sup>  
8:30am-11:30am or 1:00pm-6:00pm

Wednesday, April 17<sup>th</sup> 8:30am-3:00pm

Thursday, April 18<sup>th</sup>  
8:30am-11:30am or 1:00pm-6:00pm

You will be contacted to schedule a date and time.

Lowndes County School District  
Pre-Kindergarten Application 2019-2020

Please PRINT or TYPE

Student's Name: \_\_\_\_\_  
Last Name First Name M.I.

Parent/Guardian's Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
Street Address City State Zip Code

Mailing Address (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Race:  American Indian or Alaska Native  Asian  African American or Black  Hispanic  
 Native Hawaiian or other Pacific Islander  Caucasian or White  Other

Does your child currently receive special education services? \_\_\_\_\_ Yes \_\_\_\_\_ No If YES, explain:

Special Concerns: \_\_\_\_\_ Foster Care \_\_\_\_\_ Migrant Family \_\_\_\_\_ Homeless \_\_\_\_\_ Other, explain \_\_\_\_\_

Is English the primary language in your household? \_\_\_\_\_ Yes \_\_\_\_\_ No If No, what language? \_\_\_\_\_

Did your child attend Head Start? \_\_\_\_\_ Yes \_\_\_\_\_ No If YES, where? \_\_\_\_\_

School applying for: (Choose only one) \_\_\_\_\_ Caledonia Elementary \_\_\_\_\_ New Hope Elementary  
\_\_\_\_\_ West Lowndes Elementary

*I am applying for placement of my child at the school indicated above. I understand that the information provided by me on this application will be checked for accuracy, and that false information will disqualify the application.*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

Central Office Use Only

Does the applicant meet the age requirement? \_\_\_\_\_ Yes \_\_\_\_\_ No (September 2, 2013 – September 1, 2014)  
Does the name and address match on both proofs of residency? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Does the affidavit include two proofs of residency? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is the birth certificate attached? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Is the Shot Record marked "Complete for School Entry" \_\_\_\_\_ Yes \_\_\_\_\_ No (Not applicable if the child has not turned 4yrs old)