



Application for Attendance Four-Year-Old Preschool

2020-2021 School Year

Complete and return to:

USD 249 Frontenac
 Frank Layden Elementary Attn: Sunny Zafuta
 200 E Lanyon
 Frontenac, KS 66763
 Fax (620) 231-1312 Phone (620) 231-7790

Child's Name _____

Child's Date of Birth _____ Child's Gender: Male Female

Child lives with: Both Parents Father Mother Foster Parent(s) Other _____

Marital Status: Married Divorced Separated Widowed Single

Mother's Name _____ Mother's Date of Birth _____

Mother's Highest Education Level: High School Diploma GED Other _____

Father's Name _____ Father's Date of Birth _____

Father's Highest Education Level: High School Diploma GED Other _____

Street Address _____

Mailing Address _____

Home/Message Phone _____ Cell Phone _____ Work Phone _____

Will your child need transportation (only for students in Frontenac School Boundaries)? Yes No

Is your child receiving any special services, (i.e. speech therapy, learning disabilities, mentally handicapped, other) Do they have an IEP (Individual Education Plan)? Yes No

What language is spoken in your home? English Other _____

How did you hear about this program? _____

AM/PM Class Preference? Morning Class Afternoon Class No Preference

If child has a case number for Food Stamps, TAF or FDPIR, please list here _____

Part 1. Foster Child

Check box if this application is for a child who is the legal responsibility of a welfare agency or court. List his/her monthly personal use income. If the foster child has no personal use income, write "0". \$ _____ Skip part 2.

Part 2. Total Household Gross Income

You must tell us the amount of gross income received and how often it is received – weekly, every 2 weeks, twice a month, monthly, yearly.

List Names of ALL Household Members	Date of Birth	Earnings from Work before deductions (including overtime)		Other Regular Income: Welfare, Child Support, Alimony, Pension, Social Security, Other		Temporary Income: Strike Benefits, Unemployment, Worker's Comp		Check if ZERO Income
		Amount	How Often	Amount	How Often	Amount	How Often	
1.		\$		\$		\$		<input type="checkbox"/>
2.		\$		\$		\$		<input type="checkbox"/>
3.		\$		\$		\$		<input type="checkbox"/>
4.		\$		\$		\$		<input type="checkbox"/>
5.		\$		\$		\$		<input type="checkbox"/>
6.		\$		\$		\$		<input type="checkbox"/>

For Office Use Only Date Application Received in the District Office _____
 Approved Denied Notes _____