



# Application for Attendance Four-Year-Old Preschool 2021-2022 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 _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Notes _____