



Fox Chapel Area School District PRE-KINDERGARTEN

THIS APPLICATION DOES NOT ENSURE ENROLLMENT

- Resident of Fox Chapel Area School District and age 4 on or before September 1.
- All students must be toilet trained. Training pants are NOT permitted and students MUST be able to use the bathroom without adult assistance.
- Parents/guardians must provide transportation both to and from school.
- Students are eligible for this program based on their family's income which must be below the 300% poverty level for the size of the family. If your income is above the federal poverty guidelines, your child is not eligible for the program. See Income Verification form attached. Please be sure to include copies of 3 recent paystubs or your current W-2s for anyone earning income in the household.

If more than 20 applications are received, students will be chosen through a random selection process.

Date: _____

STUDENT INFORMATION (Use Full Legal Name as it Appears on Birth Certificate)

Last Name: _____ First Name: _____ Middle Name: _____
 Suffix (Jr.,III): _____ Nick Name: _____ Gender: _____
 Birth Date: _____ STUDENT MUST BE AGE 4 ON OR BEFORE SEPTEMBER 1
 Address: _____
 City: _____ State: _____ Zip: _____
 Borough/Township: _____ Home Phone: _____

PARENT/GUARDIAN 1 INFORMATION (Full Legal Name Only)

Prefix: Mr. Dr. Last Name: _____ First Name: _____ Middle Initial: _____
 Lives with Student: Yes No Relationship to Student: _____
 Home Phone: _____ Mobile Phone: _____ Work Phone: _____
 Email Address: _____
 Address (if Different than Student): _____
 City: _____ State: _____ Zip: _____

PARENT/GUARDIAN 2 INFORMATION (Full Legal Name Only)

Prefix: Mrs. Ms. Dr. Last Name: _____ First Name: _____ Middle Initial: _____
 Lives with Student: Yes No Relationship to Student: _____
 Home Phone: _____ Mobile Phone: _____ Work Phone: _____
 Email Address: _____
 Address (if Different than Student): _____
 City: _____ State: _____ Zip: _____

PARENT/GUARDIAN 3 INFORMATION (If Other than Mother or Father/Full Legal Name Only)

Prefix: Mr. Mrs. Ms. Dr. Last Name: _____ First Name: _____ Middle Initial: _____
 Lives with Student: Yes No Relationship to Student: _____
 Home Phone: _____ Mobile Phone: _____ Work Phone: _____
 Email Address: _____
 Address (if Different than Student): _____
 City: _____ State: _____ Zip: _____