<u>Preschool Interest Form</u>

Student's Name:	
Male Female	
Current Age:	Birth Date:
Address:	
School district of residence:	
Phone Number:	
Email:	
Parent/Guardian:	
Do you have any special concerns f If so, please provide more informat	ion below:
Are you a St. Clairsville Schools sta	aff member? Yes or No
2:00pm. The lottery drawing will	ed by Thursday, February 29, 2024 at take place Friday, March 1, 2024 as a programs. Selected students will be notified otified by mail.
Office Only:	
Date application received:	Initials: