



Woodstock Elementary School Pre-K Program 2024 – 2025 Application for Enrollment

Woodstock Public Schools offers enrollment into our Pre-K program to families of Woodstock. Children are selected for Pre-K through our lottery process or found eligible with a documented disability through our student services department. NEW: We plan to apply for school readiness funding for the 24-25 school year and may be able to admit some students based on income guidelines if the grant is received. The remaining spots would be lottery based. All information provided will remain confidential and will not impact chances for enrollment in the lottery should funding not be received. **Applications are due no later than May 3, 2024 in the main office.** Lottery selection is completed at a Board of Education Academic subcommittee meeting in June.

Student Information:

Name: (First, Last)		Date of Birth:
Primary language spoken at home:		Birth Place:
Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic or Latino		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Biracial/Multi-racial	Do you have any developmental concerns about your child? <input type="checkbox"/> Speech <input type="checkbox"/> Thinking/Processing <input type="checkbox"/> Movement/Occupational Therapy <input type="checkbox"/> Behavior/Play <input type="checkbox"/> Health or Medical	
Street Address:		Has your child attended another preschool or early childhood program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No Program Attended: Dates Attended:
Mailing Address: (If Different)		
Has your child ever received any type of early intervention services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which services? Through which agency?		
Preferred Pre-K Hours: (Not guaranteed if selected for program) <input type="checkbox"/> Morning Pre-K (Monday – Thursday, 8:30am -11:30am) <input type="checkbox"/> Afternoon Pre-K (Monday – Friday, 12:30pm – 3:15pm)		

Does your child nap? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Household Family Size:	Household Income:

Parent/Legal Guardian 1:

Name: (First, Last)		Relationship to Child:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Widower		Primary Phone Number:
Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic or Latino		Secondary Phone Number:
Street Address: (If Different from Child)		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Biracial/Multi-racial
Education: (Please Check Highest Level Completed) <input type="checkbox"/> Grade 9 or Less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Some College/Certificate. <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Advanced Degree		
Email Address:		
Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Deployment: <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Legal Guardian 2:

Name: (First, Last)		Relationship to Child:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Widower		Primary Phone Number:
Ethnicity: <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic or Latino		Secondary Phone Number:
Street Address: (If Different from Child)		Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Biracial/Multi-racial
Education: (Please Check Highest Level Completed) <input type="checkbox"/> Grade 9 or Less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> Some College/Certificate. <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Advanced Degree		
Email Address:		
Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Deployment: <input type="checkbox"/> Yes <input type="checkbox"/> No