

Student Name: _____

Date of Birth: _____

Pre-Kindergarten Locations

Please indicate your preference for Pre-Kindergarten below:

- Southside Early Learning Center select AM or PM (please select below)
- Sparta Montessori School AM (Lottery drawing In Spring)
- Cataract Elementary AM

Southside Early Learning Center Pre-Kindergarten Sessions

I am requesting that my child attend:

- Morning Session: 7:45 - 10:30
- Afternoon Session: 11:45 - 2:45 (Wednesday District Bell Schedule release @ 1:45)

Head Start Sparta - 608-269-8297 - www.headstartcouleeregion.com

My student will be attending Head Start: Yes No

Family Home Language

- English
- Spanish
- Other _____

Parent/Guardian Signature

Relationship to Child

Date

Student Name: _____ Date of Birth: _____ Grade: _____

Pursuant to Wisconsin State Statute 115.777, mandating that a child be screened to determine if a child is receiving any special education services or other instructional needs upon first enrolling in a school district, please check any of the following services which apply for the child you are enrolling.

	Yes	No		Yes	No
1. Autism	_____	_____	6. Orthopedically Impaired	_____	_____
2. Intellectual Disability	_____	_____	7. Other Health Impairment	_____	_____
3. Emotional Behavior Disability	_____	_____	8. Speech or Language Impairment	_____	_____
4. Hearing Impairment	_____	_____	9. Traumatic Brain Injury	_____	_____
5. Specific Learning Disability	_____	_____	10. Visual Impairment (not glasses)	_____	_____

Please answer the following questions:

	Yes	No
1. Does your child have a current Individualized Education Program (IEP)?	_____	_____
2. Does your child have a 504 plan?	_____	_____
3. Was your child an English Language Learner (ELL) student in their previous school?	_____	_____
4. Has your child previously attended a public or private school in Wisconsin?	_____	_____
5. Does your child have a County Social Worker, ISP worker, or Probation Officer?	_____	_____
6. Do you have a Family Advocate assigned to your family?	_____	_____
7. Is there a court order for custody of the child?	_____	_____
8. Have either biological parent's parental rights to the child been terminated?	_____	_____

Explain any YES answers to questions above.

Parents in the Military: (School districts are required by state to ask these questions beginning fall 2018).

	Yes	No
1. Is either parent or guardian on active duty in the military?	_____	_____
2. Is either parent or guardian a traditional member of the Guard or Reserve?	_____	_____
3. Is either parent or guardian a member of the Active Guard/Reserve (AGR) under Title 10 or full time National Guard under Title 32?	_____	_____
4. Is the family currently living in military housing on Fort McCoy base?	_____	_____

Expulsion (For prior enrollment in either public or private school)

	Yes	No
1. Has your child ever been expelled from school?	_____	_____
2. Has your child ever been asked to leave a school district in lieu of expulsion?	_____	_____

If YES to questions 1 or 2:

Name of School: _____ Date of Event: _____

Explain:

Parent/Guardian Signature

Relationship to Child

Date