



Pre-K Application

***Applicants must meet the MS age requirements for the 2025-2026 school year
(4yrs old by September 1, 2025)***

Lowndes County School District's Pre-K program is part of the state of Mississippi's Early Learning Collaborative Program. Within our program, we have Title I (district funded; **no cost to parents**) and Tuition spots available. All classes are blended. We recommend all parents complete the Pre-K Application. There is a spot on the application to waive consideration for Title I. Tuition spots will be filled on a first come first served basis. The Tuition contract will be released after all Title I spots have been filled. You are required to complete a tuition contract and pay the deposit to hold a tuition spot. Tuition contracts will be release April 7, 2025 (tentative release date) ****This Pre-K application is NOT the tuition contract.***

Application Documentation

1. A copy of your child's birth certificate
2. A copy of your child's Immunization Compliance Form (Form 121) "Shot Record"
3. Two proofs of residency: *The same name and address **MUST** be on both documents.

- Filed homestead exemption application form
 - Mortgage documents or property deed
 - Apartment or home lease
 - Affidavit of residency
- Affidavits should have a copy of the lease, mortgage document, or property deed as proof.***

- Utility bills (current within at least thirty days)
- Certified copy of filed petition for guardianship if pending and final decree when granted
- Any other documentation that will objectively and unequivocally establish that the parent or guardian resides within the school district

Deadline

- **ALL** applications should be returned to the Lowndes County School District Central Office at 1053 Hwy 45 South Columbus, MS39701
- Incomplete applications will **NOT** be accepted

Applications **MUST** be received by 4:00 pm

March 7, 2025

Central Office will be closed

November 25-29, 2024

December 23, 2024 - January 3, 2025

Pre-K Screening Dates

A parent or guardian must bring their child to the LCSD Central Office to complete SCREENING on one of the following dates:

Tuesday, March 25, 2025

8:00am - 5:00pm

Wednesday, March 26, 2025

8:00am - 3:00pm

Thursday, March 27, 2025

8:00am - 5:00pm

You will be contacted to schedule a date and time.

For more information contact:
Dr. Kristie Jones, Federal Programs Director
662-244-5030

Lowndes County School District
Pre-Kindergarten Application 2025-2026

Please PRINT or TYPE

Student's Name: _____
Last Name First Name M.I.

Parent/Guardian's Name: _____
Last Name First Name

Address: _____
Street Address City State Zip Code

Mailing Address (if different) _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth: _____ Gender: Male Female

Race: American Indian or Alaska Native Asian African American or Black Hispanic
 Native Hawaiian or other Pacific Islander Caucasian or White Other

Does your child currently receive special education services? Yes No If YES, explain:

Special Concerns: Foster Care Migrant Family Homeless Other, explain _____

Is English the primary language in your household? Yes No If No, what language? _____

Did your child attend Head Start? Yes No If YES, where? _____

Is your child potty trained? Yes No

Check one only

____ I want to be considered for a Title I spot (district funded; no cost to parents). I will participate in Pre-K screening.

____ I want to waive consideration for a Title I spot. I will not participate in Pre-K screening. I understand I must complete a tuition contract and pay my deposit to hold my tuition spot. Tuition spots will be filled on a first come first served basis. Tuition contracts will be available after Title I spots are filled. **Parent Initials:** _____

Check one: Caledonia Elementary New Hope Elementary West Lowndes Elementary

I am applying for placement of my child at the school indicated above. I understand that the information provided by me on this application will be checked for accuracy, and that false information will disqualify the application.

Signature of Parent or Legal Guardian

Date