Dover Union Free School District
Attn: Pre Kindergarten Registration
2368 Route 22
Dover Plains, NY 12522

DOVER UNION FREE SCHOOL DISTRICT
UNIVERSAL PRE KINDERGARTEN APPLICATION

Please complete a separate application for each child and return it to the address above. Only children who live in the Dover Union Free School District and were four years of age by December 1, 2009 can be considered. Students will be randomly selected for the admission to Pre Kindergarten. A waiting list will be established as well. Parents will be notified of selection by June 1, 2009. Any questions or concerns, please contact Michael Tierney at 845-832-4539 or via e-mail mike.tierney@doverschools.org.

Student's Legal Name: _____ _____ _____
First Middle Last

Gender: _____ Age: _____(on December 1, 2009)
M or F

Student Address: _____
Number Street City Zip

Mailing Address (If different): _____

Home Phone: (____)_____ Birthdate: _____ Birthplace: _____
Month-Day-Year City/State Country (if not USA)

Ethnic Group: White_____ Hispanic_____ Black_____ Pacific Island/Asian_____ Amer. Indian/Alaskan_____ Multiracial_____

Student's Primary Language: _____ Language used at home: _____ Language spoken by student: _____
(when communicating) (to communicate) (other than English)

Student <u>Resides</u> With (at above address):

ADULT 1 Name: _____ Relationship: _____ Legal Custody: _____

Work Phone: (_____)_____ Cell Phone: (_____)_____

E-Mail Address: _____Language spoken other than English: _____

ADULT 2 Name: _____ Relationship: _____ Legal Custody:_____

Work Phone: (_____)_____ Cell Phone: (_____)_____

E-Mail Address: _____Language spoken other than English: _____

Other Parent Student <u>Does Not</u> Reside With:

ADULT 3 Name: _____ Relationship:_____ Legal Custody:_____

Work Phone: (_____)_____ Cell Phone: (_____)_____

Home Address: _____Home Phone: (_____)_____
Number/Street City/State/Zip

Background Information on Your Child (Please describe any special needs):

_____

_____

Does your child currently attend any early childhood program? Yes _____ No _____

If your child is selected, you will be required to provide TWO proofs of residency (Lease, Contract of Sale, Cable Bill, Utilities Bill, etc.) and your child's original Birth Certificate.

_____ _____
Signature of Parent or Guardian Date