

Application for Prekindergarten



400 Lake St., Room L36
Ithaca, NY 14850
Phone: (607) 274-2208
Fax: (607) 274-2223

Reg. ID#:

| | | |
|-------------------|-------|----|
| Received: | _____ | |
| <i>Office Use</i> | _____ | A |
| <i>ONLY</i> | _____ | F |
| | _____ | I |
| K: | _____ | PE |

Directions: Applications are due by AUGUST 1, 2018. All applications must include income documentation and a completed income statement, on the back of this form. Submission of this application **does not** guarantee acceptance. ICSD registration forms, along with birth certificate, proof of residency, immunization and physical must be submitted upon acceptance. You may mail or fax your Pre-K application along with income documents to the address or fax number noted above.

Child's Last Name: _____ First Name: _____ Boy Girl

Child's DOB: ____/____/____ Language: _____ Dr: _____

Name of Parent/Guardian 1: _____ Relationship to Child: _____

Street Address: _____ City _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Phone: _____

Name of Parent/Guardian 2: _____ Relationship to Child: _____

Street Address: _____ City _____ State: _____ Zip: _____

(Only if different than child's address)

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Phone: _____

Where is the child currently living? *(Please check one box.)*

In a Shelter In a hotel/motel In a car, park, bus, train, or campsite In permanent housing

With another family or other person because of loss of housing or as a result of economic hardship

Other temporary living situation *(Please describe):* _____

Name of additional family members in home

DOB

Relationship to applicant

| | | |
|-------|----------------|-------|
| _____ | ____/____/____ | _____ |
| _____ | ____/____/____ | _____ |
| _____ | ____/____/____ | _____ |
| _____ | ____/____/____ | _____ |
| _____ | ____/____/____ | _____ |

All applications must be accompanied by income documentation to verify income and determine income eligibility. These documents include, but are not limited to 1040, W-2, public assistance documentation, unemployment documents, self-attestations claiming no income, written and signed statements from employers, foster care, SSI documentation and/or paycheck stubs.

Statement of Annual Household Income

All information is CONFIDENTIAL

Name of Parent/Guardian 1: _____

Name of Parent Guardian 2: _____

Source of Annual Household Income

| <u>Parent/Guardian 1</u> | <u>Parent/Guardian 2</u> |
|---|--------------------------|
| Salary or Wages \$ _____ | \$ _____ |
| Public Assistance \$ _____ | \$ _____ |
| Identification Number: _____ | |
| Unemployment \$ _____ | \$ _____ |
| Child Support \$ _____ | \$ _____ |
| Veteran's Benefits \$ _____ | \$ _____ |
| Disability Benefits \$ _____ | \$ _____ |
| Student Fellowship(s) \$ _____ | \$ _____ |
| Other _____ \$ _____ | \$ _____ |
| Total \$ _____ | \$ _____ |
| Combined Annual Household Income \$ _____ | |

I certify the information provided in support of this application is accurate and truthful to the best of my knowledge and understand that income verification is required.

Signature of Parent/Guardian: _____ Date of Application: ____/____/____

For Office Use Only

Categorical
 SSI
 Homeless
 Foster Care
 Public Assistance

Income Eligible
 Below federal poverty guidelines
 Between 100-130% of federal poverty guidelines
 300% - Over Income

The following documents were used to determine eligibility:

Tax Form 1040
 W-2
 Public Assistance Documents
 Unemployment Documents of No Income
 Written Statement from Employer
 Foster Care Documentation
 SSI Documentation
 Paycheck Stub
 Other _____

Staff Signature: _____

Date of Eligibility Verification: _____

**ITHACA CITY SCHOOL DISTRICT
HEALTH SERVICES**

The School Nurse acts as a liaison between home, school and community. If there is a problem concerning a student's health, the family is encouraged to contact the Health Office.

PHYSICAL EXAMINATIONS

The Ithaca City School District follows New York State Education Law regarding physical exams. All new entrants and students in Pre-K, Kindergarten, 2nd, 4th, 7th and 10th grades must have a physical examination done by a licensed physician, physician's assistant or nurse practitioner. If you have questions or need help getting a physician for your child please call the school nurse at your child's school or the head nurse Cathy Sinnott at 607-274-2127.

IMMUNIZATIONS

New York State Public Health Law, Section 2164, requires all school children be adequately immunized. Immunization records are due within 14 days of the child's first day of school or 30 days if entering from another state or out of the country.

Immunizations should be obtained from your child's physician. For children who do not currently have a physician, the Tompkins County Health Department will provide immunizations on a sliding fee scale basis. Call the Health Department at, **274-6616 for more information or to make an appointment.**

New York State Immunization Requirements for School Attendance

| Vaccines | Pre-K | Kindergarten | 1 st – 5 th Grade | 6 th Grade | 7 th – 12 th Grades |
|--------------------------------|---------------------|---------------------------|---|-----------------------|---|
| DTap/DTP/Tdap | 4 doses | 4 to 5 doses | 4 to 5 doses | 3 doses | 3 doses |
| Tdap | N/A | N/A | N/A | 1 dose | 1 dose |
| IPV/OPV | 3 doses | 3 to 5 doses | 3 doses | 3 to 5 doses | 3 doses |
| MMR | 1 dose | 1 dose (2 recommended) | 2 doses (by age 7) | 2 doses | 2 doses |
| Hep B | 3 doses | 3 doses | 3 doses | 3 doses | 3 doses |
| Varicella (chicken pox) | 1 dose | 2 doses | 1 dose | 2 doses | 1 dose |
| Hib | 1 to 4 doses | N/A | N/A | N/A | N/A |
| PCV | 1 to 4 doses | N/A | N/A | N/A | N/A |

EXCEPTIONS

- A certificate signed by a physician licensed in New York State stating the specific reason or condition why immunization(s) are detrimental to the child's health. Medical exemptions need to be renewed annually.
- A written and notarized statement signed by the child's parent/guardian that they hold religious beliefs contrary to the practice of immunization. The statement must describe the beliefs in sufficient detail to permit the school to determine that (a) the beliefs are religious in nature (not health or philosophical), and (b) the beliefs are sincerely and genuinely held.

*Students who are exempt from immunizations will be excluded from school in the event of an outbreak of disease for which the student is not immunized.

DENTAL CERTIFICATE

Dental Certificates are requested for new entrants and for students in Pre-K, Kindergarten, 2nd, 4th, 7th and 10th grades.

LEAD TESTING

Date and results of Lead Screening are needed for students enrolled in Pre-K.

For any questions regarding Health Services please contact your child's school nurse or the head nurse, at 607-274-2127