

# Application for Prekindergarten



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

Reg. ID#: \_\_\_\_\_

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Directions: Applications are due by AUGUST 1, \_\_\_\_\_ 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 _____ \$ _____	\$ _____
<b>Total</b> \$ _____	\$ _____

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.*

**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: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Immunizations Requirements: Pre-Kindergarten

# ITHACA CITY SCHOOL DISTRICT

400 Lake Street • P.O. Box 549 • Ithaca, New York • 14851-0549

Dear Parent/Guardian,

August 2019

New York State Law Section 2164 requires certain immunizations (shots) to enter Pre-kindergarten and attend school. Please check with your health care provider as soon as possible to make sure that your child has all the needed immunizations. They are listed below.

Required Immunizations for Pre-Kindergarten Students	
Immunization	Required Number of Doses
Polio	3
Hepatitis B	3
Diphtheria/Tetanus/Pertussis	4
Measles/Mumps/Rubella	1
Varicella (Chickenpox)	1
Hemophilus Influenzae	1 to 4*
Pneumococcal Conjugate	1 to 4*

\* Please check with your child's health care provider or your school nurse to clarify the number needed for your child

Proof of immunization should be sent to the school nurse where your child will be attending.

Proof of immunization must be **any 1 of the 3** items listed below:

- An immunization certificate signed by your healthcare provider
- Immunization Registry report (NYSIS or CIR from NYC) from your healthcare provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
  - For varicella (chickenpox), a note from your healthcare provider (MD, NP, PA) which says your child had the disease is also acceptable.

**Please note:** Proof of the required immunizations **MUST** be provided for the child to attend school. If a student has not shown proof of immunizations s/he will be **EXCLUDED** from school on the following day:

- **A student who lives in New York State at the time of enrollment will be excluded from school after 14 days**
- **A student who comes from out of state or another country will be excluded from school after 30 days**

A child may return to school when proof of any missing immunizations has been shown to the school nurse. If a child is missing more than one vaccine in a series then proof of the next appointment must be provided as well. (MD note, appointment card)

If you have questions or concerns about immunizations, please contact the school nurse.

<b>Belle Sherman Elementary</b> Barbara Masser, RN Phone: (607) 274-2107 Fax: (607) 272-4059 bmasser@icsd.k12.ny.us	<b>Beverly J. Martin Elementary</b> Cheyenne Cardamone-Knewstubb, RN Phone: (607) 274-2210 Fax: (607) 274-2196 cheyenne.cardamone@icsd.k12.ny.us	<b>Caroline Elementary</b> Caryl Silberman, RN Phone: (607) 539-7527 Fax: (607) 539-6966 caryl.silberman@icsd.k12.ny.us
<b>Enfield Elementary</b> Sarah Strichartz Phone: (607) 274-2335 Fax: (607) 274-6810 sarah.strichartz@icsd.k12.ny.us	<b>Fall Creek Elementary</b> Kaye Harrington, RN Phone: (607)274-2290 Fax: (607)274-2339 kathleen.harrington@icsd.k12.ny.us	<b>South Hill Elementary</b> Nichole Fazio, RN Phone: (607) 274-2255 Fax: (607) 274-2379 nichole.fazio@icsd.k12.ny.us