
EARLY START APPLICATION

Name of Student: _____

Date of Birth: _____

Name of Parent or Legal Guardian: _____

Street Address: _____

City or Town: _____ Zip Code _____

Mailing Address (if different from street address): _____

Home Phone: _____ Work Phone: _____

Other Contact information: _____

Has your child been enrolled in or received services through Wake County Public Schools Preschool Programs this year? Yes _____ No _____**If yes, please describe:** _____

I am applying for my child to be screened for the Early Start Program. I have read and understand the information and requirements in the program description. I also understand that this application is not a guarantee that my child will be selected for this program. This application must be received by the school by Friday, May 4, 2018 for my child to be considered for this program.

Once your application has been processed, a screening appointment for your child will be scheduled by phone.

Signature of Parent or Legal Guardian: _____**Date of Application:** _____

To be filled in by school personnel

Date received _____ Screening date scheduled: _____