

**Griswold Community Schools
Tiger Club Preschool Application 2017-2018**

Child's Legal Name: _____
Last First Middle

Date of Birth: _____ Age: _____ M F

Mother's/Guardian's Name: _____
Last First Student Residence

Address: _____
Street City State Zip

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

Primary Email Address: _____ Other email: _____

Place of Employment: _____

Father's/Guardian's Name: _____
Last First Student Residence

Address: _____
Street City State Zip

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

Primary Email Address: _____ Other email: _____

Place of Employment: _____

Please rank in order of preference.

If a program is not an option for your family please do not put a number beside it.

____ Elliott Program	____ Full Time
____ Lewis Program	____ Half Time
____ No Preference	____ No Preference

Based on applications and requests received by May 20, 2016 students will be assigned to a program.
Families may apply after the above date if space is available.

An informational letter will be sent to your family to notify you of the assigned program.

If you have a concern about the development of your child or a physical concern, an individual screening
may be scheduled. Please call Lisa Butler at: Lewis Elementary (712) 796-2221

Office use only:

Registration date: _____

Assigned Program: _____

Age 5 Before September 15th _____

Immunizations: _____

Medical Examination Signed _____

Boost for Families Grant Griswold Community School Tuition Grant Level One Level Two

Please complete each section

What is the primary language spoken in the home? English Other: _____

Total number of people living in your household (including other relatives)_____

Do any of the following apply to your child or family situation?

Academic Factors: Does your child have

- | | | |
|------------------------------------|-----|----|
| An Individual Education Plan (IEP) | Yes | No |
| A Hearing Impairment | Yes | No |
| A Vision Impairment | Yes | No |

Biological Risk Factors

- | | | |
|--|-----|----|
| Born under 3 pounds | Yes | No |
| Diagnosed with a medical condition (i.e. Down Syndrome, Autism, ADAD, etc) | Yes | No |

Has been diagnosed with or is suspected to have any of the following that may require special education or related services. Please mark those that apply

- | | | |
|-------------------------------|-----|----|
| Speech or Language Impairment | Yes | No |
| Emotional/Behavior Disorder | Yes | No |
| Health Impairment | Yes | No |
| Other: _____ | | |

Special Circumstances:

- | | | |
|-------------------------------|-----|----|
| Resides in a foster care home | Yes | No |
|-------------------------------|-----|----|

Other issues or concerns you may have about your child.