

Andover USD385
All Day Kindergarten Program
Application

The purpose of the All-Day Kindergarten At-Risk Program is to provide an early childhood education program in the Andover School District. This program is partially supported through district allotted at-risk funding and selected students must meet one or more of the following criteria: (1) single parent household, (2) teenage parent at the time of the child's birth, (3) parent(s) do not hold a high school diploma or GED (4) limited English proficiency, (5) SRS referral, (6) the child qualifies for migrant status, (7) qualify for the free or reduced lunches on the federal lunch program, and/or (8) developmental delay of the child. Enrollment is limited to 45 students at this time and selections will be based upon those who show the most need for services. This program is free for those who are selected and busing will be provided to **Wheatland Elementary School**.

Please mark all of the criterion that qualifies your child for the All-Day Kindergarten At-Risk Program below. Note that some additional information may be required of you in order to verify this criterion.

_____ Single Parent Household
List Parent Name: _____

_____ Teenage Parent at the Time of Child's Birth
Mother's Birthdate: _____
Father's Birthdate: _____

_____ Parent(s) do not hold a high school diploma or GED

_____ Limited English Proficiency – another language is primarily spoken in the home (Proficiency will be determined at screening.)

_____ SRS referral (The reason for referral must describe the need for the child to attend and all day kindergarten program and be documented and signed by the SRS agent.)

_____ Child qualifies for migrant status. (There must be a copy of the Certificate of Eligibility on file.)

_____ Qualify for free or reduced lunches on the Federal Lunch Program (Lunch program application is required. Applications will be available after July 1, 2008.)

_____ Child has a Developmental Delay (List why you feel that your child has a developmental delay this area will also be assessed at the scheduled appointment. The initial screenings will be scheduled on April 11th.)

Child's Name: _____ Birthdate: _____
(must be 5 by August 31, 2008)

Gender: M F PreSchool Name/Attendance Dates: _____

Is your child currently on an I.E.P. (Individualized Education Plan)? _____ Yes _____ No

Parent(s) Name: _____ Phone #'s _____

Address: _____

Please return this form to your current assigned elementary school by April 4, 2008. Preliminary all-day Kindergarten placements will be made via phone by April 9, 2008. Preliminary screenings to verify Developmental Delay will occur on April 11, 2008.