

**Winooski School District
Publicly Funded Pre-Kindergarten Act 166**

APPLICATION

Child's Name: _____ Date of Birth: _____

Circle One: Male Female Primary Language(s) spoken: _____

Country of Birth: _____ Date of Entry in U.S. _____
(Month/Day/Year)

Race (Please circle): White, African American, American Indian,
Asian, Native Hawaiian/Pacific Islander

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Parent/Guardian's Name: _____

Address: _____

Phone:(Home)_____ (Work)_____ (Cell)_____

Email: _____

Questions for Parents/Guardians

What is the native language of each parent/guardian? _____

Which language does your child use most frequently at home? _____

Which language do you most frequently speak to your child? _____

What other languages does your child know? _____

Please provide the name and address of the publicly funded pre-kindergarten programs you have enrolled your child:

If the program is not currently a partner with the Winooski School District, we will contact them to see if they would like to partner and if they meet prequalification criteria.

***Please include a copy of your child's birth certificate and a proof of residency (a utility bill, mortgage or lease) with your application.**

Thank you! Please return to: Winooski School District Attn: Sandy Castle 60 Normand St. Winooski VT 05404. Call 802-383-6063 with any questions.