



North Valley Academy Pre-K Lottery Application 2017-2018

OFFICE USE ONLY

DATE RECVD _____

TIME RECVD _____

INITIALS _____

STUDENT DEMOGRAPHICS

PLEASE PRINT CLEARLY

NAME: _____
FIRST MIDDLE LAST NICKNAME/PREFERRED NAME

ADDRESS: _____
STREET CITY/TOWN STATE ZIP+4

GENDER:FEMALE MALE BIRTHDATE (MM/DD/YY): ____/____/____ must be 4 prior to 09/01

PHONES AND ADDRESSES: (List all important contact people for this student)

According to the McKinney-Vento Act, Students experiencing homelessness are entitled to special consideration. Please contact our liaison, Susan McConnell for more information.

1. GUARDIAN'S NAME: _____ RELATIONSHIP TO STUDENT: _____

ADDRESS: _____ HOME PHONE: _____

EMPLOYER: _____ WORK PHONE: _____ CELL PHONE: _____

CHECK ALL THAT APPLY: OK TO PICKUP LEGAL CUSTODY LIVES WITH

EMAIL: _____

2. GUARDIAN'S NAME: _____ RELATIONSHIP TO STUDENT: _____

ADDRESS: _____ HOME PHONE: _____

EMPLOYER: _____ WORK PHONE: _____ CELL PHONE: _____

CHECK ALL THAT APPLY: OK TO PICKUP LEGAL CUSTODY LIVES WITH

EMAIL: _____

3. GUARDIAN'S NAME: _____ RELATIONSHIP TO STUDENT: _____

ADDRESS: _____ HOME PHONE: _____

EMPLOYER: _____ WORK PHONE: _____ CELL PHONE: _____

CHECK ALL THAT APPLY: OK TO PICKUP LEGAL CUSTODY LIVES WITH

EMAIL: _____

4. SIBLINGS

NAME _____ AGE _____ PRESENT SCHOOL _____ 2016-2017 GRADE _____

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Is your child potty trained? Yes No

What does your child say when s/he needs the bathroom? _____

Does your child need help with... Toileting Dressing Washing Hands

Does your child have any special fears? _____

Does your child have any special needs or problems? _____

Has your child been cared for by anyone other than parents? Yes No

If YES, whom? _____

Has your child ever been screened by ChildFind or other developmental screening agency? Yes No

If yes, you will be asked to provide copies of screening results.

Favorite Book/Story _____ Favorite Toy/Game _____

Any additional information you believe is important for us to know about your child _____

PARENT/GUARDIAN SIGNATURE

Name of person completing form _____

Please Print

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Admission to the North Valley Academy is not limited based upon ethnicity, national origin, income level, gender, disabling condition, proficiency with the English language, athletic or academic ability.

FINAL ENROLLMENT INTO THE PRE K PROGRAM IS SUBJECT TO FUNDING FROM THE STATE OF NEW MEXICO!

OFFICE USE ONLY

LOTTERY NUMBER _____ DATE OFFERED _____

FIRST PHONE CALL ON _____

Message Left Spoke With _____

SECOND PHONE CALL ON _____

Message Left Spoke With _____

ACCEPTED

DECLINED Reason _____

ADDITIONAL NOTES _____