## 2024-2025 Boone Central 4-Year-Old ABC Preschool Application

One application per child. Only a parent/legal guardian may hand in the completed application

Application Window: February 7th-March 6th

\*All Applications Must Be Turned Into The Office In Person And Will be Time Stamped Upon Arrival

\*Applications Will NOT Be Accepted Without A Copy Of An Immunization Record And A Copy Of A Valid Birth Certificate

\*Child Must Turn 4 By July 31st, 2024

Stadent information.								
Last Name:		First Name:						
Date of Birth:		Gender: Male	Female			$\dashv$		
Ethnicity: Hispanic or Latino Not Hispanic or Latino								
Race: White Asian Black or African American American Indian or Alaska Native Other:								
Applications will be	rated on the follo	 owing criteria:				$\dashv$		
-Does your child have an Individualized Education Program (IEP or IFSP)?					No			
-Was your child born prematurely and can be verified by a physician?				Yes	No			
-Does your child qualify for free and reduced lunch?				Yes	No	NA		
-Does your child have a teenage parent who has not currently obtained a HS								
diploma?					No			
-Does your child live in a home whose occupants have limited ability to speak &								
understand English?				Yes	No			
-Does your child live within the Boone Central School district?				Yes	No			
-Does your child live out of district but has a sibling attending BCS?				Yes	No			
-Does your child plan to attend Boone Central Elementary for Kindergarten?  Does your child live out of district and plans to attend Kindergarten elsewhere?				Yes	No No			
-Does your child live out of district and plans to attend Kindergarten elsewhere? Yes No								
Parent Information	on:							
Parent: First Name: _		Last Name:						
Mailing Address:						_		
	Street Address	City	State		Zip Cod	Je e		
Phone:		Email Address:						
Parent: First Name: _	Parent: First Name: Last Name:							
Mailing Address:				<u> </u>				
Mailing Address.	Street Address	City	State		Zip Cod	 de		
	, , , , , , , , , , , , , , , , , , ,							
Phone:	Email Address:							

Student Information

DayLare/Previous Prescritori.				
What daycare does your child attend?	_			
If your child attended preschool prior, where did they attend?				
Parent/Guardian Signature:				
I certify that all the above information is true and correct. Any deliberate misrepresentation of the information will result in the child being withdrawn from the program.				
Signature: Date:	_			

<sup>\*</sup>Parents Will Be Notified By Letter In May Whether Or Not They Have Been Accepted