

Preschool Screening Information Sheet

***All questions must be answered to be considered for preschool**

Child's name: _____ Male ___ Female ___
(First) (Middle) (Last)

Child's Date of Birth: _____

Parent or Guardian's name: _____

Address _____
(911 address) (City) (State) (Zip Code)

Mailing address (if different from above) _____

Home phone (____) _____ Cell phone (____) _____

Additional emergency contact number (____) _____

Email address: _____

Do you live in Washington County, Virginia? _____

Biological Father's Name: _____ Education: No Diploma ___
High School Diploma ___
Employer: _____ College Training ___

Biological Mother's Name: _____ Education: No Diploma ___
High School Diploma ___
Employer: _____ College Training ___

Guardian Name: _____ Education: No Diploma ___
High School Diploma ___
Employer: _____ College Training ___

Is your child: Your biological child ___ Foster child ___ Adopted child ___ Other (explain) _____

Has your child ever been enrolled in Head Start? _____ If so, where? _____

Does your child show interest in playing with other children? _____

Is your child aggressive or do they become easily frustrated? _____

Does your child have a specific fear? _____

Is your child potty trained? _____

Are parents the legal guardian of the child? _____ If not, please explain _____

Do both biological parents live in the home? _____

Please check if you receive or qualify for:

Medicaid ___ SSI ___
Food Stamps ___ Head Start ___
TANF ___ Free and Reduced School Lunch ___

Do you speak a second language in your home? If so, what language? _____

Are you homeless or live with relatives due to financial hardship? _____

Are parents or guardians high school dropouts? _____

Does student have special needs or disabilities? (physical, visual, hearing, speech) If receiving services, where? _____

Does your child have an IEP? (Individualized Education Program) _____

***List all school age children and school they attend:**

NAME	GENDER	DATE OF BIRTH	SCHOOL

*** Total household income for the year _____**

*** Total number of people in household _____**

Income verified by:

W-2 Form ___ Pay Stub ___ SSI Verification ___ Other ___ No income ___

***I hereby certify that this information is correct and proof of all income reported is accurate. I have provided proof of income and appropriate documentation at Preschool registration. I understand this information is necessary for consideration purposes regarding my child's placement in the Preschool program.**

Parent/Guardian Signature

Date

Completed forms may be mailed to Washington County Public Schools, 812 Thompson Drive, Abingdon, VA 24210, attention: Robin Dolinger. Scanned forms may be emailed to rdolinger@wcs.k12.va.us by May 15, 2020