



Greenville County Schools At-Risk 4K Pre-Registration Form—2012-2013

Children must be 4 years of age on or before September 1, 2012 to be considered. Pre-registration does not guarantee enrollment in Greenville County Schools 4K program. Children selected for 4K programs must demonstrate academic/developmental needs and/or risk factors such as low family income and low parent education level. Screened children will be ranked district-wide and those most at-risk for school success will receive initial assignments.

Pre-Registration Location:	Date:
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Child's Last Name	Child's First Name	Date of Birth
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Language Spoken at Home:
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Ethnicity and Race: Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: (check all that apply): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawai'ian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian
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Child Lives With: (check all that apply)
 Both Parents Mother Father Stepparent Foster Parent Guardian Other

Father's Last Name	First Name	Home Phone	Cell Phone
Father's Residence Address (street number, street name, city, state, and zip code)			

Mother's Last Name	First Name	Home Phone	Cell Phone
Mother's Residence Address (street number, street name, city, state, and zip code)			

Screenings will be scheduled March 21, 22, and 23, 2012.

You must bring the following to the screening appointment:

- ◊ Proof of income which may include one of the following: last four pay stubs, 2011 Tax Return, Medicaid Card or documentation of eligibility for food stamps, TANF or SS.

LEGAL PARENT AND/OR GUARDIAN MUST BE PRESENT AT THE TIME OF SCREENING. YOUR CHILD WILL NOT BE SCREENED IF REQUIRED DOCUMENTS ARE MISSING.

Parent Signature _____ Date _____

Staff to complete at time of pre-registration—send form/documents to Marjha Cooper

Home Based School	GEO Code	Birth Certificate Two Forms of Proof of Residence Immunization Certificate
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Parent Signature _____ Date _____

Start to complete of time of pre-registration—send form/documents to Malinda Cooper.

Home-Based School	GEO Code:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Two Forms of Proof of Residence <input type="checkbox"/> Immunization Certificate
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