



CHILD'S INFORMATION

CHILD 1 (NOTE: this application is only for preschool-aged children, age 3 or 4 by Sept. 30, 2021)				
Last Name	First Name	Date of Birth	Male	Female
			<input type="checkbox"/>	<input type="checkbox"/>
<b>Race (select all that apply)</b>	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American Indian/Alaskan	
<input type="checkbox"/> Pacific Islander/Hawaiian	<input type="checkbox"/> White	<input type="checkbox"/> Other	<b>Hispanic/Latino</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does Child Have an IEP?</b>	<i>If yes, please attach a copy and provide some additional information below.</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
CHILD 2, if applicable (NOTE: this application is only for preschool-aged children, age 3 or 4 by Sept. 30, 2021)				
Last Name	First Name	Date of Birth	Male	Female
			<input type="checkbox"/>	<input type="checkbox"/>
<b>Race (select all that apply)</b>	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American Indian/Alaskan	
<input type="checkbox"/> Pacific Islander/Hawaiian	<input type="checkbox"/> White	<input type="checkbox"/> Other	<b>Hispanic/Latino</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does Child Have an IEP?</b>	<i>If yes, please attach a copy and provide some additional information below.</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No				

PARENT/GUARDIAN INFORMATION

ADULT 1: Birth Parent or Legal Guardian (must have custody papers)		
Last Name	First Name	Phone Number
<b>Street Address</b> (Attach proof of address)		<b>City/State/Zip Code</b>
<b>Email Address</b> (please print legibly)		
<b>Relationship to Child</b>	<b>Active Military</b>	<b>Employed?</b>
<input type="checkbox"/> <b>Biological Parent</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>Yes</b> (attach pay stubs, W2, LES)
<input type="checkbox"/> <b>Legal Guardian</b> (attach Custody Papers)	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>No</b> (sign attachment A)
ADULT 2: If applicable (biological parent or step-parent living in the home ONLY). Other adults do not need to be listed.		
Last Name	First Name	Phone Number
<b>Relationship to Child</b>		<b>Employed?</b>
<input type="checkbox"/> <b>Biological Parent</b>		<input type="checkbox"/> <b>Yes</b> (attach pay stubs, W2, LES)
<input type="checkbox"/> <b>Step-Parent</b>		<input type="checkbox"/> <b>No</b> (sign attachment A)

**HOUSEHOLD INFORMATION**

<b>Check any of the following that apply to the adult(s) in your household.</b>		
<input type="checkbox"/> Single Parent	<input type="checkbox"/> Did Not Complete High School	<input type="checkbox"/> History of Domestic Abuse
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Parent Incarceration	<input type="checkbox"/> Homeless
<input type="checkbox"/> Parents Were Teenagers at Time of Birth		

<b>Please list other children (18 or under) living in the home</b>		
<b>Name</b>	<b>Age</b>	<b>Current School</b>

<b>Primary Household Language:</b>	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	Other: _____
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**SCHOOL INFORMATION**

<p><b>Students accepted into the program are placed at their zone school. <u>Out-of-Zone Requests are not accepted until after the school year begins and are based on space available.</u> Norfolk Public Schools operates two city-wide programs at Berkley Campostella Early Childhood Center and Willoughby Early Childhood Center. If interested in these programs, please indicate below. Checking the box(es) does not guarantee acceptance.</b></p>	
<input type="checkbox"/> <b>Berkley Campostella Early Childhood Center</b>	
<input type="checkbox"/> <b>Willoughby Early Childhood Center</b>	
<p><b>Our program works collaboratively with the Head Start program. If you are interested in having your information shared with them for possible placement in their program, please check the box.</b></p>	<input type="checkbox"/>

The submission of this form to the Office of Early Learning/Title I indicates your desire for your child to be considered for enrollment in one of Norfolk Public Schools’ preschool programs. By checking the Headstart box above, you authorize Norfolk Public Schools and Head Start/Office of Human Affairs to share the above information as part of the eligibility determination process. Your signature also indicates that the information provided is accurate to the best of your knowledge. Applications received without the proper supporting documents will not be processed. Acceptance into preschool is NOT first come, first serve; rather, it is determined by program eligibility requirements.

**Parent Signature/Date** \_\_\_\_\_

Did you include the supporting documents required for your application?



- Copy of Birth Certificate
- Proof of Address (Lease, Mortgage, Utility Bill, or Attachment B)
- Copy of most recent Pay Stub, W2, LES, or Attachment A or C
- Copy of custody papers, if applicable

**Mail completed applications and documents to:**  
 800 E. City Hall Ave., Suite 709, Norfolk, VA 23510  
 or email to preschool@npsk12.com

**ATTACHMENT A: Unemployment/Stay-at-Home Parent Verification Form**

*This document to be completed ONLY if Adult 1 and/or Adult 2 are not employed.*

\_\_\_\_\_  
Adult Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Child's Name

Employment Status

- Currently Unemployed
  - Receive Unemployment Check
  - Receive SSI/Disability
  - Receive TANF
  - Receive Child Support
- Stay-at-Home Parent

*\* Please attach a copy of all above-checked documents as part of the application.*

I certify that the above information is accurate. Inaccurate information can void my child's application and/or placement in the Norfolk Public Schools' preschool program. I have included all required documents so that proof of income can be considered complete and part of the application record. I understand that failure to attach the requested documents will result in this application NOT being processed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATTACHMENT B: Leaseholder/Homeowner Affidavit**

*This document to be completed ONLY if Adult 1 and/or Adult 2 are living with friends/family and do NOT have any other proof of address.*

I hereby affirm or swear that the adult(s) listed below and their children live in my residence at the following address\*:

*\*Notary: Please be sure to verify the address with a lease, mortgage, deed, or utility bill (gas, water, electric, trash).*

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

Documentation Provided:

Lease/Mortgage/Deed

Utility Bill

Name of Parent/Guardian of Child on Application: \_\_\_\_\_

Name of Children Living at the Above Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that enrollment of the students named above is based on my statement and that if this statement is false, my child may be withdrawn from the program. I also agree to notify the school principal of any change in the residency of the above-named students within three days of such change.

\_\_\_\_\_  
Printed Name of Leaseholder/Homeowner

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTARY ONLY:**

**Notary: Please ensure that the Homeowner/Leaseholder provided a copy of the current mortgage/lease or a utility bill (electric, water, sewer, gas ONLY) as proof of residence.**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

State: \_\_\_\_\_ County: \_\_\_\_\_ My commission expires on \_\_\_\_\_.

Witness my hand in official seal:

\_\_\_\_\_  
Notary Public

**ATTACHMENT C: Employment Verification**

*This document to be completed ONLY if you are employed but do NOT have a paystub or other proof of income.*

**Part I: Employee**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Child's Name (on application)

**Part I: Employer**

*\* To be completed ONLY if the employee does not receive paystubs*

The above-named person receives payment from me for (describe work):

\_\_\_\_\_

The person above is paid:

**Weekly**

Average Weekly Pay:

\_\_\_\_\_

**Monthly**

Average Monthly Pay:

\_\_\_\_\_

**Every Two Weeks**

Average Bi-Weekly Amount:

\_\_\_\_\_

**Per Job**

Rate of Pay per Job:

\_\_\_\_\_

Average Number of Jobs/Month:

\_\_\_\_\_

**Other**

*\*Please describe and include rate of pay.*

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Company Name, if applicable

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date