



FOR OFFICE USE ONLY

# Wake Pre-K Application 2024-25

Date Received

## STUDENT INFORMATION

Child's Legal Last Name	Child's Legal First Name	Child's Legal Middle Name
Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Is the child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child a US Citizen? <i>Information is not used to determine eligibility.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Which category best describes the student's race? ( <i>Must mark AT LEAST one</i> ) <input type="checkbox"/> White/European American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian		

## FAMILY INFORMATION

Include names of parents or other legal custodians. If custody is shared, please provide documentation of how decisions are to be made. If you have questions, please contact a member of the Pre-K staff.

My family requires the support of an interpreter.  Yes  No If so, what language:

1. First Name	Last Name	
Email	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other - Please specify:	
Primary Phone Number	Cell Phone Number	Preferred Method of Contact <input type="checkbox"/> Email <input type="checkbox"/> Text Message
Is there a second parent in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. First Name	Last Name	
Email	Relationship <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other - Please specify:	
Phone	Cell Phone Number	Preferred Method of Contact <input type="checkbox"/> Email <input type="checkbox"/> Text Message
Child's Home Address		Apartment or Suite Number
City	State	Zip Code