

Wake County Pre- K Application for 2025-2026 School Year



FOR OFFICE USE ONLY
DATE OF SUBMISSION

STUDENT INFORMATION

| | | | |
|---|--|---|--|
| Child's Legal First Name | | Child's Legal Middle | Child's Legal Last Name |
| Date of Birth (mm/dd/yyyy) | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Is your child a U.S Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No | | ★ Your child's citizenship status is not used to determined eligibility. | |
| ★ Which category best describes the student's race? (Must mark AT LEAST one) | | | |
| <input type="checkbox"/> White/European | | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |
| <input type="checkbox"/> Native American or Alaskan 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 documents of how decisions are made. If you have any questions, please contact a member of the Pre-K Staff.

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

| | | | |
|-----------------------|-------------------|---|--|
| Parent #1: First Name | | Last Name | |
| Email | | Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other | |
| 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? Yes No

| | | | |
|-----------------------|-------------------|---|--|
| Parent #2: First Name | | Last Name | |
| Email | | Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other | |
| Primary Phone Number | Cell Phone Number | Preferred Method of Contact <input type="checkbox"/> Email <input type="checkbox"/> Text Message | |

| | | | |
|----------------------|-------|----------|--------------------------|
| Child's Home Address | | | Apartment or Unit Number |
| City | State | Zip Code | |