Little Rock School District

PRE-KINDERGARTEN 4 YR (P4) SCHOOL APPLICATION

Your child must be four on or before August 1, 2018, in order to apply to the P4 program.

Child’s Name:________________________ Date of Birth:______________ Age:________

Address:________________________________________________ Zip:___________ Race____

Phone (Home):____________ Phone (Work):____________ Phone (Cell):___________

Assignment Criteria:
First preference: Children who line IN the attendance zone, with older siblings attending the same school.
Second preference: Children who line IN the attendance zone without siblings attending the same school.
Third preference: Children of employees at the school.
Fourth preference: Children who do NOT live IN the attendance zone and have siblings attending the same school.
Fifth preference: Children who do NOT live IN the attendance zone and DO NOT have siblings enrolled in the school.

If the demand exceeds the number of available seats, students will be placed using a computerized selection process. Any student who does not receive an assignment will be placed in a waiting pool for the school(s) requested.

I UNDERSTAND TRANSFERS WILL NOT BE GRANTED FOR OLDER SIBLINGS BASED UPON P4 PLACEMENT.  __________
PARENT INITIALS

IF ACCEPTED INTO THE PROGRAM, AND MY CHOICES ARE NO LONGER OFFERED, MY CHILD WILL BE PLACED IN THE NEAREST SCHOOL OR EARLY CHILDHOOD CENTER.  __________
PARENT INITIALS

If your child attended P3 at a LRSD school last year, which school?_________________________.

If you would like to attend the same school for the P4 program, make this your 1st choice below.

You may make two choices. Please rank your choices in numerical order (1st and 2nd).

_____BOOKER   _____FULBRIGHT   _____ROMINE
_____BRADY   _____GEYER SPRINGS Early Childhood   _____STEPHENS
_____CARVER   _____GIBBS   _____TERRY
_____CHICOT Early Childhood   _____JEFFERSON   _____WASHINGTON
_____DODD   _____ML KING   _____WESTERN HILLS
_____FAIR PARK Early Childhood   _____McDERMOTT
_____FOREST PARK   _____ROCKEFELLER Early Childhood

NAME / Date of Birth of Sibling(s):

__________________________________________  ____________________________
Name Date of Birth Name Date of Birth

__________________________________________  ____________________________
Name Date of Birth Name Date of Birth

TRANSPORTATION WILL NOT BE PROVIDED FOR STUDENTS IN THE LRSD FOUR-YEAR-OLD PROGRAM.

__________________________________________  ____________________________
Parent Signature Date

White Copy – Early Childhood Office

Yellow Copy - Parent