

A.M. P.M. School Day



SOUTH LAKE SCHOOLS

Student's Name _____

The following information has been submitted:

- _____ DRIVER'S LICENSE
- _____ 2 PROOFS OF RESIDENCY
- _____ LAST YEAR'S INCOME TAX RETURN
- _____ CHILD'S SHOT RECORD
- _____ CHILD'S BIRTH CERTIFICATE

INCOME ELIGIBILITY
(for office use only)

- _____ 0-50%
- _____ 51-100%
- _____ 101-150%
- _____ 151-200%
- _____ 201-250%
- _____ above 250%

These materials were developed under a grant awarded by the Michigan Department of Education.



SOUTH LAKE SCHOOLS

Overview of the Great Start Readiness Program

The Great Start Readiness Program is a free state-funded preschool program. Children and their families qualify for the program based on pre-determined factors set by the Michigan Department of Education.

Our program follows the Early Childhood Standards of Quality and Curriculum Guidelines set by Michigan State Board of Education as well as following the licensing requirements of the Department of Human Services. Program planning is developmentally appropriate with the goal of preparing students for the rigors of Kindergarten upon completion.

Research indicates that children provided with a high quality preschool experience show significant positive developmental differences when compared to children from the same backgrounds that did not attend a preschool program. The Great Start Readiness Program (GSRP) is for children who may be at risk of becoming educationally disadvantaged and who may have extraordinary need of special assistance.

A specific situation or condition is considered a risk factor if that situation puts the child at a direct risk of school failure. When determining a child's eligibility for the program, the following factors are considered:

- Financial factors
- Child Development factors
- Parent/parenting factors
- Environmental/family circumstance factors

Please be assured that any information shared on the following pages will be strictly confidential and only viewed by professionals who may be involved in screening or servicing your child should they be eligible. These would include teaching staff, social worker, speech pathologist, or program director.

Your child may qualify for other Early Childhood programs in South Lake Schools. Every effort will be made to place your child in the most appropriate program based on their needs. By signing below, you give permission for us to share your application with other programs to determine placement. Placements in other programs will not occur without you first being contacted for consent, evaluation, or registration. Other programs that your child may qualify for are Head Start (a federally funded preschool program) and Early Childhood Special Education (ECSE).

Parent/Guardian Signature _____ Date: _____

Staff Signature _____ Date: _____

Date Submitted _____

**SOUTH LAKE SCHOOLS
23101 STADIUM BLVD.
ST. CLAIR SHORES, MI 48080
Phone: (586) 435-1600**



MICHIGAN GREAT START READINESS PROGRAM APPLICATION
The information contained in this application is confidential.

Child's Name: _____
Last First Middle

Child's Current Age: _____ Date of Birth: _____ Male Female

Birthplace (City and State): _____ Home Phone: _____

Racial/Ethnic Code (circle one): American Indian / Asian / African American / Hispanic / Caucasian
Multi-Racial, specify _____

Is child Hispanic/Latino? Choose only one: No, not Hispanic/Latino _____ Yes, Hispanic/Latino _____
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

MOTHER'S INFORMATION		FATHER'S INFORMATION	
Name:		Name:	
Address:		Address:	
City, State, & Zip:		City, State, & Zip:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Email Address:		Email Address:	
Employer:	Work Phone:	Employer:	Work Phone:
Highest Education Level Completed: <input type="checkbox"/> Less than 12 th Grade <input type="checkbox"/> HS Graduate Grade Completed _____ <input type="checkbox"/> Technical Training <input type="checkbox"/> College		Highest Education Level Completed: <input type="checkbox"/> Less than 12 th Grade <input type="checkbox"/> HS Graduate Grade Completed _____ <input type="checkbox"/> Technical Training <input type="checkbox"/> College	

Current Marital Status:
 Single Married Remarried Divorced Separated Living Together Widowed

Who has legal custody of child?*(
(Name(s)): _____ Relationship: _____

**If guardian or foster parent (other than biological parent), please fill in the space below, as well as any information that is known about the mother and/or father in the above boxes.*

Foster Parent /Legal Guardian (other than parent) Name: _____

Address: _____ Phone Number: _____

Session Preference: _____ AM _____ PM _____ FULL DAY _____ No
Preference
8:00-11:00 a.m. Teacher – H. Robotnik
12:00-3:00 p.m. Teacher – H. Robotnik
8:00 a.m. – 3:00 p.m. Teacher – G. Francis

FAMILY INFORMATION

This information is necessary in order to determine your child's eligibility in the program and will be kept confidential.

1. INCOME

Family income:

Monthly (Before Taxes) _____ Annual (Before Taxes) _____

Include all wages, child support, unemployment, SSI, Social Security, alimony, and all other income.

To verify you will need to bring tax forms or 2 consecutive pay stubs at time of application.

Total number of people living in the preschooler's home: _____ (include child and parents)

Please list their names	Age	Relation To Child

2. DIAGNOSED DISABILITY OR IDENTIFIED DEVELOPMENTAL DELAY

- IEP (Individualized Education Plan)
- Child has diagnosed disability
- Child has long term or chronic illness
- Referral by Doctor, ISD, or parent for screening.

Comments:

3. SEVERE OR CHALLENGING BEHAVIOR

- Child has been asked to leave a Preschool or Child Care
- Child is destructive or violent
- Child in counseling or therapy or referred

Comments:

4. LANGUAGE

Primary language spoken in our home _____

My child can speak the following languages _____

Comments: _____

5. **PARENT EDUCATIONAL ATTAINMENT**

- Parent(s) cannot read.
- Parent(s) did not graduate from high school Last grade completed: _____
- Parent(s) struggled in school

Comments:

6. **ABUSE, NEGLECT IN HOME**

- Someone in our home was a victim of physical, sexual or emotional abuse or neglect.
- There is a history of substance abuse in our family (alcohol, drugs, prescription drugs, etc).

Comments:

7. **ENVIRONMENTAL FACTORS**

- I am a single parent
- Someone in our home is/was in jail or prison
- My child has experienced the loss of a parent or sibling by death or loss of parent by divorce, military service, out of town employment, etc.
- My child has a chronically ill parent or sibling (behavior issues, physical, mental or emotional illness)
- Teenage parent at birth of any of the children in family.
- My child is/has been in Foster care
- We have moved ___ times in the last 2 years.
- We are living with ___ family (Grandparents, etc.) ___ Friends ___ Shelter ___ other
- Our home is or may be in foreclosure

Comments:

_____(parent initial) I give South Lake Schools permission to use photographs of my child for educational or program promotion.

_____(parent initial) I certify that the information given on this application is true and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____