

# Dover Union Free School District Universal Pre-Kindergarten Application

Please complete a separate application for each child and return it to the address above. Only children, who live in the Dover Union Free School District and are four years of age by December 1st, of the school year in which they will be enrolled, can be considered. Students will be randomly selected for the admission to Pre-Kindergarten. A waiting list will be established as well. Parents will be notified of selection in early June. Any questions or concerns, please contact Donna Basting at 845-877-5700 or via email at donna.basting@doverschools.org

Student's Legal Name: \_\_\_\_\_  

First
Middle
Last

Gender: \_\_\_\_\_ Age: \_\_\_\_\_  

M or F

Student Address: \_\_\_\_\_  

Number
Street
City
Zip

Mailing Address (If different): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_  

Month-Day-Year

Race: Hispanic \_\_\_\_\_ Non Hispanic \_\_\_\_\_

Ethnic Group (you may choose more than one): White \_\_\_\_\_ Black/African American \_\_\_\_\_ Pacific Island/Asian \_\_\_\_\_ Amer. Indian/Alaskan \_\_\_\_\_

Student's Primary Language: \_\_\_\_\_ Language used at home: \_\_\_\_\_ Language spoken by student: \_\_\_\_\_  

(when communicating)
(to communicate)
(other than English)

### Student Resides With (at address above):

**ADULT 1** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Custody: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Language spoken other than English: \_\_\_\_\_

**ADULT 2** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Custody: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Language spoken other than English: \_\_\_\_\_

**Other Parent Student Does Not Reside With:** Send Mailings? Yes \_\_\_\_\_ No \_\_\_\_\_

**ADULT 3** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Legal Custody: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  

Number/Street
City/State/Zip

Background information on your child (please describe any special needs): \_\_\_\_\_

Does your child currently attend any early childhood program? Yes \_\_\_\_\_ No \_\_\_\_\_

**If your child is selected, you will be required to provide TWO proofs of residency (lease, contract of sale, cable bill, utilities bill, etc.) and your child's original Birth Certificate.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date