

PRE-K/CHILD DEVELOPMENT APPLICATION

2022-2023 SCHOOL YEAR (4 YEARS OLD BY SEPTEMBER 1, 2022)



Directions

Please complete student information as it appears on birth certificate. Complete as truthfully as possible and return to the school or Pam Waters.

Contact Information

Charleston County School District
75 Calhoun Street, Charleston, SC 29401
ccsdprek@charleston.k12.sc.us | 843-937-7914

2022-2023 Zoned School and District Information

School: _____ School District: Charleston County School District

Child Information (as it appears on the birth certificate)

Last Name: _____ Check generation if applicable:
 II III IV V Jr. Sr.

First Name: _____

Middle Name: _____ Preferred Name: _____

Date of Birth (mm/dd/yy): _____ Birth Certificate is attached: Yes No

Gender: Male Female

Federal Race/Ethnicity:

Is the student Hispanic or Latino? Yes No

What is the student's race? Check all that apply. Asian Black or African American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander White Other

Is this child a twin or multiple? Yes No If Yes, enter names of siblings: _____

Child receives TANF, SSI, Medicaid: Yes No If Yes, provide the student's Medicaid number: _____

Is Medicaid active? Yes No Copy of Medicaid card attached: Yes No

Home address: _____ City: _____

County: _____ State: SC Zip: _____

Mailing address (if different from home address): _____

City: _____ County: _____ State: _____ Zip: _____

Parent Information

Mother/Guardian's

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address (if different from child's): _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Daytime Phone: _____

PRE-K/CHILD DEVELOPMENT APPLICATION

Does this guardian reside at the same address as the student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this parent/guardian employed by CCSD? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employee Number:		Work Location:	
Primary email address:		Secondary email address:	
Has custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		Receive mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother's education (highest level) <input type="checkbox"/> No High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD			
Total Years of Mother's/Guardian's Education:		Age of mother at birth of first child:	
Father/Guardian's			
Last Name:		First Name:	Middle Initial:
Street Address (if different from child's):			
City:	County:	State:	Zip:
Home Phone:	Cell Phone:		Daytime Phone:
Does this guardian reside at the same address as the student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this parent/guardian employed by CCSD? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employee Number:		Work Location:	
Has custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		Receive mailing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Information (other than parent/guardian information already provided)			
Primary Contact Name:		Relationship to Child:	
Daytime Street Address:			
Cell Phone:		Daytime Phone:	
Family Literacy Services			
Who in your family has participated in a school district Family Literacy Program, such as adult literacy, adult education (GED, High School Diploma, ESL), parent education, or parent and adult/child interactive literacy?			
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian/Grandparent <input type="checkbox"/> None			
Did your child ever participate in a school district family literacy services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, how long? <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 or more years			
Is family homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is either Parent/Guardian on Military Deployment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is either Parent/Guardian incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number of persons in family or household?			

PRE-K/CHILD DEVELOPMENT APPLICATION

Additional Information

Child's Prior Care/Education Provider

Last year my child was in a CCSD Head Start Center: Yes No

If yes, name of Head Start Center:

Child's Healthcare Information

My child receives regular medical care from: Free Health Clinic (health department) Emergency Room Family Physician
 Pediatrician Other (please specify)

Language Background (*used for application process only*)

What is the child's primary language?

What language is primarily spoken in the home?

What is your preferred language for communication?

What is your preferred method of communication once application is completed? Phone Text Email

Child's Special Needs

Does your child have a documented disability? Yes No

If yes, is it a: Private Evaluation Charleston County School District IEP

List any long-term health concerns, illnesses or allergies:

List any medication(s) prescribed for continuous long-term use:

List any special accommodation(s) that may be required to meet my child's needs most effectively while he or she is at the school:

If your child has an IEP, please bring a copy of the IEP to your child's screening appointment.

Student's Disability Status: None

Area of Disability (check all that apply)

Autism Deafness Emotional Disturbance Intellectual Disability Orthopedic Impairment Specific Learning Disability
 Traumatic Brain Injury Deaf-Blindness Developmental Delay Hearing Impairment Multiple Disabilities
 Other Health Impairment Speech or Language Impairment Other (please specify)

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Transportation Survey

How do you anticipate your child will get to school? School Bus Car Walk Bicycle
 Child Care or Day Care Transportation Not applicable

How do you anticipate your child will travel from school? School Bus Car Walk Bicycle
 Child Care or Day Care Transportation Not applicable

Family Income

Proof of income is required for: AC Corcoran, Angel Oak, Charleston Progressive Academy, Ellington, Goodwin, Hunley Park, Jane Edwards, Ladson, Lambs, Mary Ford Early Learning, Matilda Dunston, Midland Park, Minnie Hughes, Mitchell, Mt. Zion, North Charleston Creative Arts, North Charleston, Pepperhill, Sanders Clyde, St. James Santee, Stono Park

Income Range of Family: \$0 - \$10,000 \$10,001 - \$20,000 \$20,001 - \$30,000
 \$30,001 - \$40,000 \$40,001 - \$50,000 \$50,001 - \$60,000 \$60,000 and above

Income Verification Method: Medicaid W2 Forms Pay Stubs
 Other Income Verification Documented:

Income Verification Method is attached: Yes No

I understand that the completion and submission of this application does not guarantee the placement of my child in Charleston County School District's Pre-K Child Development program. Children selected for Pre-K Child Development programs may demonstrate academic or developmental needs and may have school readiness risk factors.

Students are prioritized according to state identified at-risk factors along with a DIAL-4 assessment score.

I certify that all information I have provided in this Charleston County School District Pre-K application is true, complete and correct. I understand that all the information I have provided is subject to verification and that any information found to be false, incomplete or misrepresented in any manner could lead to:

1. withdrawal of the submitted application and asked to re-submit
2. cancel further consideration of this application, or
3. request for additional documentation to be presented to be considered for CCSD Pre-K programs.

Parent/Guardian Signature:

Date: