



Lauderdale County Schools TOPS Preschool Application

Preschool Applying for: Brooks Elementary ___ LCHS ___ Wilson ___

How old will your child be on September 2, 2019? Circle One: 3 YEARS OLD 4 YEARS OLD

I am interested in having my child participate in the TOPS Preschool Program for the 2019-2020 school year. I certify that my child will be 3 years old on or before September 2, 2019 and will not be eligible for Kindergarten (5 years old on or before September 2, 2019). I also certify that my child is not eligible for special education services (including speech language therapy) through the Lauderdale County School system. A random drawing will be held to fill preschool spots for the upcoming school year. Each applicant will be notified by mail as to the results of the drawing.

Parent/Guardian Signature

Date

Student Information

Child's Full Name _____ Date of Birth _____ Age (as of 9/2/19) _____

Home Address _____

Home Phone _____ Cell _____ Gender M F

**** IF YOUR CHILD HAS A DISABILITY OR YOU SUSPECT DEVELOPMENTAL DELAYS****

PLEASE CALL 256-760-1324

Parent Information (Please indicate if either of the people below are step-parents)

Mother's Name _____

Place of Employment _____ Work Phone _____

Father's Name _____

Place of Employment _____ Work Phone _____

Student's Guardian (if not with parents) _____

Place of Employment _____ Work Phone _____

Child lives with (please circle) Both Parents Father Mother Guardian

Lauderdale County School you are currently zoned for: _____

If your child is drawn for the TOPS Preschool program you will be required to provide the following documents in order to confirm your child's place in the program: Original Birth Certificate (must be certified copy- not hospital copy), Up-to-Date Immunization Form (must be actual Blue Card, NOT copy), and Proof of Residency (example: utility bill with current address AND child/parent/legal guardian name). Documents do not have to be turned in with the application. **Children without special needs must re-apply on an annual basis for continued enrollment. Waiting lists are not maintained from year to year.**

OFFICE USE ONLY: Date Received _____
Time Received _____