



Lauderdale County Schools TOPS Preschool Application

Preschool Applying for: Brooks Elementary _____ LCHS _____ Wilson _____

How old will your child be on September 2, 2018? *Circle One:* 3 YEARS OLD 4 YEARS OLD

I am interested in having my child participate in the TOPS Preschool Program for the 2018-2019 school year. I certify that my child will be 3 years old on or before September 2, 2018 and will not be eligible for Kindergarten (5 years old on or before September 2, 2018). 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 (9/2/18) _____
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 _____