## $\rightarrow \tilde{O}, \mathcal{O}\tilde{a}\tilde{A} \rightarrow \hat{A}\tilde{a}\tilde{E}, \mathcal{O}^{1/4}\tilde{O} = -\frac{1}{4}\bullet - \dot{E}\dot{E}\bullet = \rightarrow,$

> Ö, ØãÁ, Âã È*, ؼö, -1¼ • ÈÈ • => ؼ ÔãÈ Â 0]       ؼö, -1¼ • ÈÈ • => ؼô Â È Â 0]         Student Name:       Gender:MF         Last.       First         Birth Date:       Place of Birth:         W CE vš•[1'µN@En@s:v•[       City:         Address:       City:         Home Phone:       City:         Work Phone:       Alternate Phone:         Email:       Alternate Phone:         Additional Contact       Name:         Name:       Phone:         Relationship:       Didyour child attend school lagtear?         Based on your address, please indicate your child home campus:         Household Income (Annual):       Number of peoplein Household:         Completion of Application Checklist for Parents Document       Submitted        Yes      No       Preck Scholarship Application Submitted        Yes      No       Proof of Addressubmitted        Yes      No	Student Name:       Gender:M      F         Birth Date:       Place of Birth:       Place of Birth:       Place of Birth:         W CE v š•[1'µN@m@s:v•[       City:       Zip Code:         Address:       City:       Zip Code:         Home Phone:       Cell Phone       Place of Birth:         Work Phone:       Cell Phone       Place of Birth:         More Phone:       Alternate Phone:       Place of Birth:         Additional Contact       Alternate Phone:       Place of Birth:         Additional Contact       Phone:       Relationship:         Name:       Phone:       Relationship:         Didyour child attend school lagtear?      No      Yes (No Pre-KA Ce of MSUB/Pegistration SubmittedYes        Yes      No       Pre-KA Ce of MSUB/Pegistration SubmittedYes      Yes        Yes      No       Proof of AddressubmittedYes      Yes        Yes      No       Proof of AddressubmittedYes      Yes        Yes      No       Proof of AddressubmittedYes      Yes	Student Name: <ul> <li>Last,</li> <li>First</li> </ul> Birth Date:              Place of Birth:           W CE vš•[1'µN8En@s:v•[           Address:              City:           Home Phone:              City:           Work Phone:              Cell Phone           Work Phone:              Alternate Phone:           Additional Contact              Alternate Phone:           Additional Contact              Phone:           Name:              Phone:           Bised on your address, please indicate your child home campus:           Household Income (Annual):              Number of peoplein Household:                Completion of Application Checklist for Parents             Document            Yes            No             PreK Scholarship Applicati@Bubmitted            Yes            No             Proof of Address@ubmitted            Yes	Student Name:       Gender:M      F         Birth Date:       Place of Birth:       Place of Birth:       V         W CE v š•[1'µN8Enejs:v•[       City:       Zip Code:         Address:       City:       Zip Code:         Home Phone:       Cell Phone       V         Work Phone:       Alternate Phone:       V         Email:       Alternate Phone:       V         Additional Contact       Phone:       Relationship:         Name:       Phone:       Relationship:         Didyour child attend school lagtear?      No      Yes fl Yes, Where?         Based on your address, please indicate your child home campus:       Number of peoplein Household:         Household Income (Annual):       Number of peoplein Household:         Completion of Application Checklist for Parents Document       Social State S				> Õ	ØãÁ	Á)Âã	È"	Ø	1/	ö -	· <sup>-</sup> 1// •	-ÈÈ	$\rightarrow$ = $\rightarrow$
First         Birth Date:       Place of Birth:         W CE vš•[1'µN8@negs:v•[       City:       Zip Code:         Address:       City:       Zip Code:         Home Phone:       Cell Phone       Zip Code:         Work Phone:       Alternate Phone:       Relationship:         Mame:       Phone:       Relationship:         Didyour child attend school lagtear?       No       No       Ness of Application Checklist for Parents         Based on your address, please indicate your child home campus:       Number of peoplein Household:       Second State	Last,       First         Birth Date:       Place of Birth:         W CE vš•[1'µN@megs:v•[         Address:       City:         Home Phone:       City:         Work Phone:       Cell Phone         Work Phone:       Alternate Phone:         Email:       Alternate Phone:         Additional Contact       Alternate Phone:         Name:       Phone:       Relationship:         Didyour child attend school lagtear?      No      Yes (More 2)         Based on your address, please indicate your child home campus:       Number of peoplein Household:         Household Income (Annual):       Number of peoplein Household:         Completion of Application Checklist for Parents Document       Completion of ApplicationSubmitted        Yes       .No       Pre-KA CE o J 49Diggsistration Submitted        Yes       .No       Proof of AddresSubmitted        Yes       .No       Proof of AddresSubmitte	Last,       First         Birth Date:       Place of Birth:         W CE vš•[1'µN@megs:v•[       City:         Address:       City:         Home Phone:       Cell Phone         Work Phone:       Alternate Phone:         Email:       Alternate Phone:         Additional Contact       Alternate Phone:         Name:       Phone:         Didyour child attend school lagtear?      No         Based on your address, please indicate your child home campus:         Household Income (Annual):       Number of peoplein Household:         Completion of Application Checklist for Parents         Document        Yes      No         Pre-KA CE o J WSDRyegistration Submitted        Yes      No         Pre-KA CE o J NSDRyegistration Submitted        Yes      No        Yes      No        Yes      No         Proof of AddresSubmitted        Yes      No        Yes      No	Last,       First         Birth Date:       Place of Birth:         W CE vš•[l'µN@megs:v•[         Address:       City:         Home Phone:       City:         Work Phone:       Cell Phone         Work Phone:       Alternate Phone:         Email:       Alternate Phone:         Additional Contact       Alternate Phone:         Name:       Phone:         Didyour child attend school lagtear?      No         Based on your address, please indicate your child home campus:         Household Income (Annual):       Number of peoplein Household:         Completion of Application Checklist for Parents Document       Completion of Application Submitted        Yes       .No       Pre-KA CE o J WSDRyegistration Submitted        Yes       .No       Proof of Addressubmitted        Yes       .No       Proof of Addressubmitt				Ø ¼ <sup>-</sup> Â	, © ã È	EÂ0	] (	ÕÕ1⁄	/4 - (	•,ã⁻	ÈÂ	ËØ	VØ
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