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Student Name:					Gender: ..M ..F
		Last,	First		
Birth Date:			Place of Birth:		
W Æ v š • [ l ' µ N æ s : v • [					
Address:			City:		Zip Code:
Home Phone:			Cell Phone		
Work Phone:			Alternate Phone:		
Email:					
Additional Contact					
Name:			Phone:		Relationship:
Did your child attend school last year? ..No ...Yes If Yes, Where? _____					
Based on your address, please indicate your child home campus:					
Household Income (Annual):			Number of people in Household:		

Completion of Application Checklist for Parents		
Document	Yes	No
Pre-KA Registration Submitted	...Yes	..No
Pre-K Scholarship Application Submitted	...Yes	..No
Picture ID Submitted	...Yes	..No
Proof of Address Submitted	...Yes	..No
Proof of Income Submitted	...Yes	..No

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