Southwest Public Schools

Preschool Application School Year 2025-2026

OFFICE USE ONLY: Date Received	
Received by	

Date:			

Assurance of Confidentiality. The information on this form is being requested on a voluntary basis. The information you provide will help us to deliver or direct services most appropriate for your family's needs. Some of the information may be used to help plan national program initiatives. If you prefer not to provide some of the information, it will not affect the services we try to deliver. However, some information is required for eligibility determination. All information will be held

in strict confidence.				
-	evious year at Southwest Pub following year. Please see the		_	
Section 1 Applicant (child):				
_ast:	First:	Middle:		
Name your child goe	es by if other than the legal nar	ne above:		
Gender: Male	Female Date of Birth	າ:		
Race/Ethnicity: \Box v	Vhite 🔲 Black 🔲 Native Ame	erican 🔲 Hispanic 🗀	Asian Other	
Was he/she born pre	ematurely?	If yes, how r	nany weeks?	
Does your child curr	ently have one of the following	; ;		
IFSP (Individual	Family Service Plan)	IEP (Individual Educa	tion Plan)	
Section 2 Primary Supporting A	Adult #1:			
_ast Name:	First Name:			
biological parent begal guardian	adoptive parent step-pare other	ent	grandparent	
Current Residence:	·			
	Street	City	State/Zip	
Mailing Address: _	Street	City	State/Zip	
Contact Information				
Cell Ph:	Home Ph:	Work	Ph:	

Is this person emp	loyed or in school?		Employed part-time Part-time Student	Unemployed
	lucation completed: GEDHigh School D	iplomaVocationa	CertificationAssocia	ates DegreeBA/BS
Primary Supportin	ng Adult #2:			
Last Name:		First Name:		
☐ biological parent☐ legal guardian	adoptive parent other	step-parent	☐ foster parent ☐	grandparent
Current Residence	e:			
	Street		City	State/Zip
Mailing Address:	Street		City	State/Zip
Contact Informati				
	Home F	Ph:	Work Ph	:
Highest level of ec	oloyed or in school? ducation completed: GEDHigh School D	Full-time Student	Part-time Student	
What language is	spoken at home? Pi	rimary:	Secondar	·y:
Section 3 Family Composition	on			
Family type:	One Parent	☐ Two Parent	☐ Foster	☐ Non-Parent
	nber of a dual-custoo han one parent/guar			ves in the physica
The number of add	ults in the family: _			
The number of ch	ildren:			
Total number in th	a famili.			

Section 4

Additional Children in the Family

Name:	Date of Birth:	Age:			
Name:	Date of Birth:	Age:			
Name:	Date of Birth:	Age:			
Name:	Date of Birth:	Age:			
Name:	Date of Birth:	Age:			
Section 5 Please fill out the enclosed application for free and reduced lunch. Students who qualify are given priority over students who do not. If you don't fill out the form, it will be assumed your family does not qualify.					
Parent/Guardian Signature:					
Include email address where we can send acceptance information:					
email address:					
APPLICATION DEADLINE: DE	CEMBER 17 (Extended to Jai	nuary 30, 2025)			

If the maximum number is not reached, a second consideration date is **April 1**.



Southwest Elementary 719 E Street Indianola Nebraska 69034 Phone: 308-364-2613 Fax: 888-626-3002 Mr. Drew Billeter, Superintendent Mr. Matt Springer, Secondary Principal Mrs. Tara J. Fries, Elementary Principal

Southwest Public Schools is an Affirmative Action Equal Opportunity Employer Southwest Jr./Sr. High School 900 Coke Street, PO Box 187 Bartley, Nebraska 69020 Phone: (308) 692-3223

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