



Early Start
Pre-Screening Application

Please complete the following information if your child meets the following requirements:

- 1. Must be a Suffolk resident.
2. Must be 4 years of age by September 30, 2019.
3. If all of the pre-requirements are met, please complete the Early Start General Information Form and mail it to:

Pamela L. Connor
100 North Main Street
Suffolk, VA 23434

- 4. This form does not guarantee acceptance into the program. Upon receipt of this form you will receive an appointment date to have your child screened for the Early Start Program. Acceptance letters will be mailed the week of August 3, 2019.

5. Students are not guaranteed placement in the home-zoned school.

Student's Name (First Name) (Last Name)

Gender: (check one) M F Date of Birth: Choose an item./Choose an item./Choose an item.

African-American Caucasian Hispanic Asian Other

Language Spoken In Home (If Other Than English)

Do you have any elementary students registered in Suffolk? Yes No

Number of children in the home Number of Adults in the home

Average Household Income

Parent/Guardian Information:

Name: Relationship: Choose an item.

Name: Relationship: Choose an item.

Address: Apt. Number

City: Choose an item. State: Choose an item. Zip Code:

Home Phone: Cell Phone: Alt. Number:

Parent 1 Email Parent 2 Email

All information listed on this form is accurate. (Parent's/Guardian's Signature)