



**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, 2018.
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, 2018**.

Due to Early Start not being located in each elementary school, school placement will be determined based on Early Start zoning. 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)