

**INTEGRATED EARLY CHILDHOOD LOTTERY APPLICATION
SCHOOL DISTRICT OF MONROE
925 - 16th Avenue Suite 3
Monroe, Wisconsin 53566
Phone (608) 328-7171
Fax: (608) 328-7214**

STUDENT INFORMATION:

Student Name _____ (_____) Male Female
Last First Middle Initial Legal name if different

Date of Birth: _____ Place of Birth: _____ Phone Number: _____

Current Address: _____

Is this child enrolled in a special education program? Yes No If "yes," which program(s)? _____

Any physical or emotional conditions the school should be aware of? _____

Choose one that best represents the student's ethnic background: Hispanic or Latino Not Hispanic or Latino

Choose **one or as many** racial categories that best represent the student's background:

White Asian Native Hawaiian/other Pacific Islander American Indian or Alaska Native Black or African-American

Identify all of the following which apply to this child:

- Stays at home with parent
- Attends a daycare – if yes, identify daycare: _____
- Attends preschool – if yes, identify preschool: _____
- Attends in-home daycare – if yes, identify name of daycare provider: _____
- Other – please specify: _____

If your child is selected for the Integrated Early Childhood program, would he/she require transportation? Yes No

FAMILY INFORMATION:	Name	Address	Occupation/Employer	Cell Phone or Work Telephone
Father				
Mother				
Stepparent/ Guardian				

Please list the status of *all* children under age 19:

First Name/Middle Initial/Last Name	Male/ Female	Birth date	Lunch ID	Are these children entering/leaving/staying in the district?	If child is staying in Monroe district, with whom? (Mother/Father/Relative)

Please check the appropriate box in front of each statement below:

Yes No

- 1. Is the parent/guardian a legal resident of the School District of Monroe? (MUST provide legal proof of custody).
- 2. Do you have residency validation documents (e.g., rent receipts, phone bill, etc.) if determined necessary?
- 3. Has this child received immunizations? If yes, please include copies of the documentation.
- 4. Is this child currently receiving special education services? If yes, do you have copies of the IEP and evaluations? _____
- 5. Is this child currently receiving 504 services? If yes, do you have copies of the IAP? _____
- 6. Is this child's primary language English? If no, please specify primary language: _____
- 7. Is this child assigned by social services to a foster home located within the School District of Monroe?
- 8. Does this child attend the Head Start of Monroe program?
- 9. Does this child attend Rainbow Childcare?
- 10. Do you have a preference for a morning or an afternoon session for your child? If yes, please specify: Morning Afternoon

Please detail any other information that would be appropriate to share with the district:

I understand that enrollment in this program is not guaranteed, and that selection will be determined by the School District of Monroe.

I agree that incomplete applications will not be processed, and that all decisions made by the School District of Monroe are final.

I affirm the information on this form is true and correct. I understand the School District of Monroe will make the final determination of my child's eligibility for enrollment.

Legal Signature of Parent/Guardian

Date

Print Parent/Guardian Name

E-mail address

**Please submit this completed application form to:
INTEGRATED EARLY CHILDHOOD LOTTERY APPLICATION
SCHOOL DISTRICT OF MONROE
925 - 16th Avenue Suite 3
Monroe, Wisconsin 53566**

APPLICATION DUE JUNE 1ST