



Belén Consolidated Schools  
**4 – Year Old PreK APPLICATION**  
2017-2018 School Year

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

**Parent/Guardian Information:**

**Mother**/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

**Father**/ Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

**Please provide the following information for the child:**

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Home Language: \_\_\_\_\_

Kindergarten Neighborhood School: \_\_\_\_\_

Please indicate your preferences below.

**Preferred session:** both PreK sessions will be at Rio Grande Elementary School.

Morning session \_\_\_\_\_ Afternoon session \_\_\_\_\_ Either session \_\_\_\_\_

*(Please note that we will attempt to provide families with their first preference but if that is not possible, we will contact you with other options. Final determination of preschool session is made by Belén Consolidated Schools.)*

APPLICATION DEADLINE IS JULY 1, 2017 4:00 PM  
ALL APPLICATIONS SENT IN AFTER DEADLINE WILL BE PLACED ON A WAITING LIST

**Additional Information:**

Has the child attended preschool before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide name of school and at what age the child attended: \_\_\_\_\_

Does the child have any special medical condition or needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Does the child have any identified special educational needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

What language did the child learn to speak first? \_\_\_\_\_

Is there anything else you think we should know about the child? \_\_\_\_\_

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**Please Note:** Please send a copy of the following items with your application:

- Child’s official birth certificate
- Child’s shot record

**Please send completed application to:**

**Belén Consolidated Schools  
Office of Special Education  
520 North Main St  
Belén, NM 87002**

**Phone Number: (505) 966-1862**

**Fax Number: (505) 966-1865**

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