Lloydminster Public School Division
Pre-Kindergarten Application

This document must be downloaded and filled out using Adobe Reader, saved, and then attached to an email sent to **contact@lpsd.ca** **or drop off at the school.** Please note one section requires use of the highlight feature found in Adobe Reader's top toolbar.

Prekindergarten is for children who will be 3 or 4 years old by Sept. 30 and live within the city of Lloydminster. This is a legal document. It must be accurate and complete. All information will be considered confidential.

Child's Legal Last Name	Legal First Name	Legal Middle Name

Preferred Last Name (if different from above)	Preferred First Name (if different from above)

Birthdate: _____ Gender: Male ☐ Female ☐ Prov: _____

Day Month Year

Child's Home Address:

Residence Address:

Mailing Address:

City: Province: Postal Code:

Parent/Guardian #1	**Parent/Guardian #1**
Relationship to child:	Relationship to child:
Street Address (if different from child):	Street Address (if different from child):
City:	City:
Province:	Province:
Postal Code:	Postal Code:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email:	Email:
Occupation:	Occupation:

Child lives with: ☐Both Parents   ☐Father Only   ☐Mother Only   ☐Guardian   ☐Mother/Stepparent

☐Father/Stepparent   ☐Other (Please Specify)

If applicable what is your child's custody arrangement (e.g. is there a court order in place)? _____

_____

Do you plan to enroll your child in LPSD for kindergarten?   ☐Yes   ☐No

Significant Others Living in the Same House (siblings, aunt, uncle, etc): If siblings attend school, please tell us which grades and schools:

Name:	Age:	School:	Relationship:
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Name:	Age:	School:	Relationship:

Are you able to provide daily transportation to and from school?   Yes☐   No☐

If NO, please explain: _____

Tell us how the following criteria apply to your family situation:

Please use the space provided to share any information you feel important

☐Yes ☐No Child is from single parent home and has no contact with other parent

☐Yes ☐No One or both parents were under the age of 19 when child was born

☐Yes ☐No One or both parents did not complete high school

☐Yes ☐No Low household income impacts family

☐Yes ☐No One or both parents are frequently absent for long periods of time

☐Yes ☐No Traumatic experiences/events within the home have impacted, or are currently affecting the family/child

☐Yes ☐No Child experiences behavioural or emotional difficulties
Please explain:

☐Yes ☐No Parent's physical or emotional health impacts child

☐Yes ☐No Alcohol or drug abuse is impacting the family/child

☐Yes ☐No Lack of support system (few friends or family living close by)

☐Yes ☐No Child has been exposed to abuse/neglect

Please tell us more about your child:

1. If you child's primary language is NOT English, please tell us how well he/she understands and speaks english:

   ☐does not speak english ☐has a few English words ☐understands and speaks English quite well

2. Please check all that apply:

   ☐My child has difficulty with **communication** (e.g. following directions, speaking clearly, using complete sentences, being understood by others, etc.)

   ☐My child has difficulty with **social skills** (e.g. sharing, taking turns, playing nicely with others, shyness, separating from parents, etc.)

   ☐My child has difficulty with **motor skills - big movements** (e.g. running, jumping, etc.) or small movements (eg. holding a crayon, doing up buttons, etc.)

3. Is your child's speech easy to understand?

   By you? ☐Yes ☐No ☐Sometimes

   By others? ☐Yes ☐No ☐Sometimes

4. Is your child toilet trained?

☐ Yes   ☐ No   ☐ Working on it

5. Does your child have any special needs, medical conditions, or behaviors of which school staff should be aware of?

☐ Yes   ☐ No   ☐ If yes, please explain   _____

6. Is there any additional information about your family that you feel the admissions committee should know?

_____

Please check if your child has or is receiving supports from any of the following:

☐ Midwest Family Connection   ☐ Speech Language Pathologist

☐ Child Psychologist   ☐ Behaviour Specialist

☐ Occupational Therapist   ☐ Physiotherapist

☐ Medical Specialist

Other: Please provide details   _____

Do you consent to the sharing of information between these agencies and the school?

☐ Yes   ☐ No   Signature _____   Date: _____

Please attach copies of any relevant information or documents that will support your application. All information will be kept strictly confidential.

If you wish to declare that you are an Aboriginal person, please specify:

☐ Status Indian / First Nations   ☐ Non Status Indian / First Nations   ☐ Metis   ☐ Inuit

Band Affiliation: _____

Treaty Status No. _____

Citizenship and Documentation:

Birth Language of Child: ☐English ☐Other (specify) _____

Current Language (spoken in the home): ☐English ☐Other (specify) _____

Country of Birth: ☐Canada ☐Other (specify) _____

Country of Citizenship: ☐Canada ☐Other (specify) _____

My Child is:

☐A child of a Canadian citizen

☐A child of an individual who is lawfully admitted to Canada for permanent or temporary residence (does not apply to tourists/visitors)

☐Lawfully admitted to Canada for permanent residence

Documentation (please attach application copies)	Documentation Expiry Date (if applicable): (Day/Month/Year)
☐Parent Work Permit	_____
☐Parent/Student Permanent Residency	_____
☐Citizenship Card	_____
☐Temporary Resident	_____

Please note that Pre-Kindergarten is different from Kindergarten. It is a program created by the Ministry of Education to meet the needs of a targeted group of children facing vulnerable circumstances. Class size is limited to 16 children. This means that there is more demand than there are spaces. Because students are accepted into Pre-Kindergarten based on criteria set out by the Ministry of Education, some children who apply will not be accepted into the program.

If your child is accepted into Pre-Kindergarten, you will be notified by the end of June. Children who are not admitted to the program will be placed on a wait list unless parents request otherwise.

Declaration by Parent / Guardian:
I hereby certify the information I have provided in this application is true, correct and complete.

Date: _____

Day/Month/Year   Signature of Parent / Guardian