Portsmouth School Department
CHARTING THE COURSE TO EXCELLENCE

2018-2019 Integrated Preschool Application

Child's First Name	**Middle**	**Last Name**
Date of Birth (Child must be 3 or 4 years old on September 1, 2018)	**Home Street Address**	
Home Telephone	**Parent's/ Guardian's Full Name**	**Parent's/ Guardian's Full Name**
Parent's/ Guardian's Address (if different from child's):		
Parents'/ Guardians' Email Addresses: **1.** **2.**		
Parent's/ Guardian's Home Telephone (if different from child's)	**Parents' / Guardians' Cell Phones** **1.** **2.**	**Parents'/ Guardians' Work Phones** **1.** **2.**
Language(s) Spoken in the Home		**Child's Primary Language**

My child is fully potty trained during the day (circle one) YES NO *Our program may be unable to accommodate for a child's inability to maintain independent bathrooming habits while at school
My child participated in the Child Outreach Screening this year (circle one) YES NO UNKNOWN
I would like my child considered for the following session (circle one) AM PM EITHER

I understand that acceptance into the preschool program may be determined by lottery. If my child is accepted, I agree to the tuition and program terms, and understand that transportation is not provided for community partners. I certify that my child is a resident of Portsmouth.

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Parent's Signature Printed Name Date

Applications can be emailed to dufficyd@portsmouthschoolsri.org or mailed to Melville School, attn: Deana Dufficy