



GSRP- 4+ Program

This application does not confirm your enrollment in the program. Official confirmation of enrollment will take place during the summer. You will be contacted by the GSRP staff.

Check list:

20__ - 20__

- ___ GSRP Preschool Application
- ___ Medical Condition / Allergies list
- ___ Health Appraisal (Physical)
- ___ Proof of Immunizations
- ___ Documentation of Income *MUST PROVIDE TO PROCESS*
- ___ Copy of Birth Cert. or Alternative
- ___ Parent ID

GSRP Preschool Application 2019-2020

These materials were developed under a grant awarded by the Michigan Department of Education

Date of Application: _____ Child's Name: _____

Child's Birthdate: _____ Place of Birth: _____ Gender: _____

Proof of Birth* (Type of Document): _____

*Refer to Eligibility Factor Guidance Sheet for other qualifications.

If applicable, Date of Arrival in the United States: _____

Address: _____ City: _____ Zip Code: _____

Type of MEDICAID Insurance: _____ Case #: _____ Child's Recipient ID: _____

OTHER Medical Insurance: _____ Policy Number: _____ NO Health Insurance _____

Parent/Guardian's Name: _____ Place of Birth: _____

Address (if not child's address): _____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail address: _____

Marital Status: _____ Married _____ Single _____ Divorced _____ Widowed _____ Separated

Parent/Guardian's Name: _____ Place of Birth: _____

Address (if not child's address): _____ City: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail address: _____

Marital Status: _____ Married _____ Single _____ Divorced _____ Widowed _____ Separated

(EF-7) Who has legal custody of the child? _____ Mother _____ Father _____ Foster Care _____ Legal Guardian _____ Grandparent

If guardian or foster parent (other than biological parent), please complete:

Legal Guardian's Name(s): _____ Case Number: _____

List ALL household members for which you are financially responsible (include self, other adults, and children).

Name	Relationship to Child	Age

EF-4 Primary language spoken in the home: _____ Is the student's ethnicity Hispanic or Latino? Yes: _____ No: _____

Which of the following is the student's race (if multi-racial, place a check mark for each that applies):

_____ American Indian or Alaska Native _____ Black or African-American _____ White _____ Asian American
_____ Native Hawaiian or other Pacific Islander _____ Hispanic or Latino

Has your child attended school anywhere before? _____ If yes, date they started school: _____

Name of School: _____ City, State: _____

EF-1 Family Income (Estimated annual income (last 12 mos.) before deductions, including overtime): \$ _____
(*MUST include income of all family members responsible for support of child: 1040, W2, most recent pay stubs, unemployment, child support, alimony, DHS, SSI*)

EF-1 Does your family receive benefits from (DHS) Department of Human Services, SSI? _____

If YES, please explain: _____

Parent/Guardian's Employment Status: _____ Unemployed _____ Part Time _____ Full Time _____ Seasonal

Job Description: _____

Parent/Guardian's Employment Status: _____ Unemployed _____ Part Time _____ Full Time _____ Seasonal

Job Description: _____

EF-5 Highest grade or degree completed: Parent/Guardian: _____ Parent/Guardian: _____

EF-2 Has your child been diagnosed with a disability or developmental delay? _____

If YES, please explain: _____

Parents MUST provide the most current IEP to the GSRP office during the application process.

EF-3 Has your child been expelled from preschool or a child care center? _____

EF-6 Has someone in your home ever been a victim of abuse and/or neglect? _____

EF-7 Is there any other information you believe would qualify your child for our program**?

Please explain: _____

**Refer to Eligibility Factor Guidance Sheet for other qualifications.

How did you hear of the Great Start Readiness Program? _____

By signing this application, you certify that the information given is true and accurate to the best of your knowledge.

Parent/Guardian's Name (please print): _____

Parent/Guardian's Signature: _____ **Date:** _____

Office Use Only Teacher Assigned: _____ UIC: _____ Start Date: _____ End Date: _____

% FPL: _____ Quintile: _____ GSRP Eligible: _____ Head Start Eligible: _____ Date Referred: _____ ASQ Date: _____

Eligibility Factors: _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 Supporting Documentation: _____

Staff Name (please print): _____

Staff Signature: _____ **Date:** _____



1615 Belton Garden City, MI 48135
Phone: 734-261-0500, Fax: 734-956-6360

Principal Suzanne March

ALLERGIES

- ☐ Yes, my child **has** Allergies
☐ No, my child **does not have** Allergies

List Allergies:

FOOD _____

OTHER _____

I Do Not Hold Tipton Academy responsible for forgetting to administer medication to my child.

Parent/Guardian's Signature: _____ Date: _____

If I want to ensure that my child receives the medication, I have the right to come into the school and administer this medication to my child.

MEDICAL CONDITION

Student Name: _____

- ☐ Yes, my child **has** a Medical Condition
☐ No, my child **does not have** a Medical Condition

List Medical Condition in detail:

Please attach any relative information regarding the Medical Condition(s)

If Medication is needed during school hours, you may pick up a Medical Permission form at the office.
