



Aurora City Schools

Integrated Preschool Program Community Peer Application 2018/2019 School Year

Child's Name:	Birthday:
Parent(s) Name:	
Home Address:	
Contact Phone numbers - Home:	Cell:
Email Address:	

Please answer the following questions:

1. Is your child toilet trained? (Your child must be toilet trained by the first day of school)	YES	NO
2. Does your child nap in the afternoon?	YES	NO
3. As a parent, do you have flexibility in the time of day your child attends preschool?	YES	NO
4. Is English the primary language of your communication?	YES	NO
5. Will your child be 3 on or before August 1, 2018?	YES	NO

By signing this document, I have read and fully accept the Peer Screening Lottery guidelines as set forth by the Aurora City Schools.

Signature

Date

Print your name

Date

For Office Use Only Upon Receipt:

Date application returned to office: _____

Received by: _____

Circle one:

3 year old

4 year old

5 year old

Lottery Number: _____