# Seattle Public Schools
# Head Start Application
# Mailstop: 31-555 PO Box 34165
# Seattle, WA 98124-1165
# (206) 252-0960

**SITE:** _____

**AM** _____ **PM** _____

**FULL-DAY** _____

**Has your child previously attended Head Start? No ____ Yes____ Where _____**

**How did you hear about Seattle Public Schools Head Start? _____ ☐ Walk-In (**check if applies)

## CHILD INFORMATION:

1. _____ _____ _____
   Child's Last Name Child's First Name Child's Middle Name
2. Ethnic Origin: ☐ African American/Black ☐ Africa _____ ☐ Alaskan Native ☐ Asian ☐ Caucasian ☐ East Indian ☐ Hispanic ☐ Native American ☐ Pacific Islander ☐ Other: _____
3. Child's Birth Date: _____/_____/_____ Child's Gender: Male _____ Female _____
4. Languages Spoken in Home: Primary: _____ Secondary: _____
5. Street Address: _____ City: _____ Zip Code: _____
6. Home Phone: (____) _____ Work Phone: (____) _____ Message Phone: (____) _____
7. Child Care Name: _____ Address: _____
   Zip: _____ Phone: (_____) _____
8. **Does your child have Special Needs?** ☐No ☐Yes **(If yes, specify _____)**
   **Current IEP?** ☐ No ☐Yes

## HOUSEHOLD INFORMATION:

1. **Number Supported by Income**: **Adults____ Children ____ Ages 0-3 ____ Ages 4-5 ____ Ages 6+ ____**
2. **Family Receives: ☐ Medical Coupons DSHS Medical Number_____**

***Please provide the information below for the adult(s) who has/have primary/custodial responsibility for your child:***

### MALE PARENT/GUARDIAN INFORMATION:

1. Last Name: _____
2. First Name/MI: _____
3. Birth Date: _____/_____/19_____
4. Indicate relation to child: Father Foster
   (Please circle one) Grandfather Other
5. Resides in home: ☐ Yes ☐ No
6. Employment Type: Full-time ☐ Looking for Work ☐
   Part-time ☐ Not Looking ☐
7. Highest Grade Completed: _____

### FEMALE PARENT/GUARDIAN INFORMATION:

1. Last Name: _____
2. First Name/MI: _____
3. Birth Date: _____/_____/19_____
4. Indicate relation to child: Mother Foster
   (Please circle one) Grandmother Other
5. Resides in home: ☐ Yes ☐ No
6. Employment Type: Full-time ☐ Looking for Work ☐
   Part-time ☐ Not Looking ☐
7. Highest Grade Completed: _____

*****THERE MUST BE A SIGNATURE BELOW*****

**To the best of my knowledge, the information on this form is correct.**

**X**_____ _____

**Signature of Parent or Guardian** **Date**

**All information will be held in strictest confidence.**