

## Lakeview Community Schools Preschool

### **Selection Criteria**

Students are placed depending on verified needs, age, and district of residence.

1. Priority placement for Resident students in the special education program who are currently on an IFSP or IEP.
2. Priority placement will be given to Resident students "At-Risk":
  - a. "At Risk" includes:
    - i. Students with verified low birth weight (with physician statement).
    - ii. Students whose family income would qualify for Free & Reduced Lunches (income verification form based on *Free & Reduced Price School Meals Family Application*).
    - iii. Students of teenage parents who have not currently obtained a high school diploma.
    - iv. Students living in a home whose occupants have limited ability to speak and understand English.
3. Students four years of age (prior to July 31st of the current year) qualifying as a Resident
  - a. "Resident" includes students living within the Lakeview Community Schools District (LCS) boundaries.
4. Students three years of age (prior to July 31st of the current year) qualifying as a Resident
  - a. "Resident" includes students living within the Lakeview Community Schools District (LCS) boundaries.
5. LCS will consider Option (or Non-Resident) students for the preschool program at this time with the following criteria:
  - a. Option student with an older sibling currently enrolled at LCS through the Enrollment Option Program.
  - b. Son or daughter of LCS District Employee.
  - c. Students who were previously enrolled in the Lakeview Preschool Program.
  - d. Students who do not qualify as "At Risk" or as "Resident".

**Submitting an application does not guarantee placement in the preschool program. Students will be placed by age according to the priority list.**

### **Option (Non-Resident) Students**

Non-resident students are welcome to submit an application to the Lakeview Preschool program. Parents who are considering this option need to understand the regulations for Option (Non-Resident) students and should visit with the superintendent or the elementary principal before making a final decision. All students will be placed according to the priority placement list.

**Enrollment Criteria**

1. Valid birth certificate (must have raised state seal).
2. Up-to-Date Immunization records. Nebraska State law dictates that immunization records must be presented at the time of enrollment or that student cannot be enrolled.
3. All students must be potty-trained before attending preschool unless otherwise stated in an IEP.
4. Free & Reduced Lunch Application, if applicable.

**\*\*\*Applications will not be accepted without all required documentation.\*\*\***

**Summary of School Immunization Rules and Regulations 2023-24**

Student Age Group	Required Vaccines
Ages 2 through 5 years enrolled in a school-based program not licensed as a child care provider	4 doses of DTaP, DTP, or DT vaccine, 3 doses of Polio vaccine, 3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age, <b>*Hib not required after a child reaches 5 years of age</b> 3 doses of pediatric Hepatitis B vaccine, 1 dose of MMR or MMRV given on or after 12 months of age, 1 dose of Varicella (chickenpox) or MMRV given on or after 12 months of age, written documentation (including year) of Varicella disease from a parent, guardian, or health care provider will be accepted. 4 doses of Pneumococcal or 1 dose of Pneumococcal given on or after 15 months of age <b>*Pneumococcal not required after a child reaches 5 years of age</b>

**Lakeview Preschool Miscellaneous Info**

**School Hours:**

Monday through Thursday:  
 Session 1: 8:00 - 11:30  
 Session 2: 12:00 - 3:30  
 No Preschool on Fridays

**Tuition and Fees:**

Student Tuition Rate: \$30.00/ month  
 Student on IFSP/ IEP: FREE  
 Students who qualify for free meals: FREE  
 Students who qualify for reduced meals: \$15.00/ month  
 \*Free & Reduced Lunch Application available upon request.

**Lunch:**

Lunch is offered daily.  
 Family is responsible for lunch fees. Family may fill out a Free & Reduced Lunch Application to see if they qualify for a free or reduced rate.

**Snack:**

Snack is offered once daily as part of the tuition fee.

# 2023-2024 Lakeview Community Schools Preschool Application

One application per child. Only a parent/legal guardian may submit the application.

Applications will be accepted until classroom capacity is met.

**\*Applications will not be accepted without a copy of up-to-date immunization records and a valid birth certificate.**

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: White Asian Black or African American American Indian or Alaska Native

Other: \_\_\_\_\_

Primary Language: English Spanish Other: \_\_\_\_\_

## Contact Information

**Mother:** Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Physical Address:

Street Address City State Zip Code

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Father:** Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Physical Address:

Street Address City State Zip Code

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## Student History

Has your child received Early Intervention Services in the home or a center?	Yes	No
Is your child in the process of being evaluated for special education services?	Yes	No
Does your child have an Individualized Education Program (IEP or IFSP)?	Yes	No
Was your child born prematurely and can be verified by a physician?	Yes	No
Does your child qualify for the Free and Reduced lunch program?	Yes	No
Does the child currently have a teenage parent who has not obtained a high school diploma?	Yes	No

## Session Selection

Has your child previously been enrolled in a Preschool?      Yes      No

\*If Yes, where? \_\_\_\_\_

Preferred Preschool Session for 2023-24 (Rank 1-2 below):

- \_\_\_\_\_ Platte Center AM (combination of 3 and 4 yr olds)
- \_\_\_\_\_ Platte Center PM (prekindergarten program - preferably 4 year olds)
- \_\_\_\_\_ Shell Creek AM (combination of 3 and 4 year olds)
- \_\_\_\_\_ Shell Creek PM (prekindergarten program - preferably 4 year olds)

Anticipated year your child will attend Kindergarten	2024-25	2025-26
--	---------	---------

**Please Note: A preschool student who is accepted as an Option (or Non-resident) student into our Preschool Program will not be automatically moved into our Kindergarten program. Option paperwork will need to be requested and filled out by a parent or guardian prior to the March 15th deadline for the following school year.**

## Parent/Guardian Signature

I certify that all the above information is true and correct. Any deliberate misrepresentation of the information will result in the child being withdrawn from the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_