

**HOWELL TOWNSHIP BOARD OF EDUCATION
Pupil Services Department**

INTEGRATED PRESCHOOL APPLICATION

This form must be mailed to the Howell Township Public Schools' Administrative Office, Post Office Box 579, Attention: Mary Kinzel or returned to the Administrative Office at 200 Squankum-Yellowbrook Road

Student's Name (last, first, middle initial) _____

Date of Birth (month, day, year) _____

(Student must be 3 years old by October 1, 2016 but not 5 years old)

Male _____ Female _____

Parent/Guardian Name(s) _____

Parent/Guardian Home Address _____

Home/Business Phone Number(s) **(H)** _____ **(B)** _____

Email address _____

Emergency Contact Information:

Name _____ Relationship _____

Home Address _____

Home/Business Phone Number(s) **(H)** _____ **(B)** _____

Email address _____

Is English the primary language in your home? Yes _____ No _____

Do you believe your child may have special needs, such as speech and language therapy needs?

Yes _____ No _____

If yes, please describe. _____

Parent/Guardian Signature _____ Date _____