

MINISINK VALLEY 中央学区
MINISINK VALLEY CENTRAL SCHOOL DISTRICT

U NIVERSAL P RE-K P ROGRAM A PPLICATION

全体孩童读学前班申请表

To apply for the universal pre-k program for your child, complete this form, sign your name, enclose proof of residency, student birth certificate and **return it by Friday, June 7, 2019, no later than 3:00 pm** to:
如要为您孩子申请全体孩童学前班前班课程, 家长需要填写本表格, 在本表格上签名, 以及附上孩童的出生证明和住户证明。请在2019年六月七日下午三点前把填写好的表格寄到:

**Diane Super, Registrar
Minisink Valley CSD
PO Box 217
Slate Hill, NY 10973**

学生姓名 _____ 生日日期 _____
Student's Name: _____ Date of Birth: _____

邮区地址 _____
Mailing Address: _____

居住地址 (如不同) _____
Physical Address (if different): _____

电话号码 _____
Telephone Number: _____

母亲姓名 _____ 父亲姓名 _____
Mother's Name: _____ Father's Name: _____

填写本表格的人签字 _____ 日期 _____
Signature of person completing this form: _____ Date: _____

注释: 以往学生的入取是依照家庭收入。根据纽约州的准则, 学生将会透过彩票抽签来选择全体孩童读学前班(UPK)的入取。

Note: In the past, students were chosen based on income. As per New York State guidelines, students will now be chosen for the Universal Pre-K Program using a lottery system.

如需要任何协助请致电(845) 355-5812 给 Diane Super (黛安 • 苏帕尔)。
If you need any assistance in completing this application, please call Diane Super at (845) 355-5812.

学生姓名 _____
Student Name _____

读学前班学校选择 _____
Choice of Preschool: _____

***Proof of residency and birth certificate must accompany application to participate in the lottery.**

*住户证明以及出生证明必须和本表格一起递交才可以参与彩票。