

**Regional School District #10  
REVERSE INTEGRATION PRE-SCHOOL APPLICATION  
2012-2013**

**Name of Student:** \_\_\_\_\_  
Last                      First                      Middle

**Gender:** \_\_\_\_\_      **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Student's Address:** \_\_\_\_\_  
Street                      Town                      Zip

**Phone:** \_\_\_\_\_      **Birthplace:** \_\_\_\_\_  
Home

**Circle the Appropriate School: HCS or Lake Garda**  
**Name**

**Place of Employment, Business Telephone**

**Father:** \_\_\_\_\_

\_\_\_\_\_

**Mother:** \_\_\_\_\_

\_\_\_\_\_

**Step-Parent:** \_\_\_\_\_

\_\_\_\_\_

**Guardian:** \_\_\_\_\_

\_\_\_\_\_

**Parent's Marital Status:** \_\_\_\_\_ **With whom does the child reside?** \_\_\_\_\_

Siblings' Names	Gender	Date of Birth	Grade	School/Place of Employment

**1. What is the main language spoken in the home?** \_\_\_\_\_

**2. Has your child received any Birth-to-Three services?** \_\_\_\_\_

**3. Has your child attended a pre-school program?** \_\_\_\_\_

**4. Has your child participated in any community-based activities?** \_\_\_\_\_

(Partners in Literacy, Sunday School, Library, Tumble Bunnies, etc.)