

LITCHFIELD PUBLIC SCHOOLS 2018-2019 Preschool Initial Application

Must be received by 12:00 noon, February 21, 2018 for blind lottery.

Please mail or drop off your application to Center School between the hours of

9:30am and 2:30pm

Student Last Name

Student First Name/MI

Phone #

Birth Date _____ Male Female

Age Level: 3

Preferred Time (one only): AM only PM only Either

Age Level: 4

Preference 1: AM only PM only Either Extended Day

Preference 2: AM only PM only Either Extended Day

Home

Address _____

Number

Street

Town

Mailing

Address _____

P. O. Box

Town

Zip Code

Mother's/Father's/Guardian's

Name _____

Home Phone Number _____

Cell Phone Number _____

E-mail address _____