



Head Start Application

English

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For questions and more information about this document, please contact the following:

Kellie Morrill
Head Start Family Services Supervisor
Early Learning Department
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This cover page and application explain the documents needed to apply for the Head Start preschool program at Seattle Public Schools. Please complete the application and submit it to the department.



Seattle Public Schools Head Start

Children must be 3 or 4 by August 31



1. Complete the Application Form by typing your answers or using a ball point pen.
2. Attach proof of your child's birth date (A COPY OF ONE OF THE FOLLOWING):
 - Birth Certificate
 - Passport
 - Permanent Resident Card
3. Attach proof of home address (A COPY OF ONE OF THE FOLLOWING):
 - Utility Bill/City Light bill
 - Other billing statement: cable, telephone, etc., lease agreement, DSHS documents
4. Attach proof of your income for the last calendar year or most recent 12 months (A COPY OF ALL STATEMENT(S) SHOWING TOTAL FAMILY INCOME):
 - Income Tax form for the past year completed and signed (1040, 1040A)
 - W2 Form for the past year
 - Employer letter stating total gross earnings for past 12 months
 - Award/ Change Letter for SNAP Food benefits, TANF, or Working Connections
 - Documentation verifying foster care, homelessness, Supplemental Security Income (SSI)
 - Self-declaration statement acceptable under certain conditions
 - Unemployment stubs (3 months) or pay stubs (3 months)
5. Attach a copy of your child's medical documentation if you have them:
 - Well child exam from medical provider
 - Dental exam from dental provider
 - Certificate of Immunization Status (CIS) form OR Certificate of Exemption (COE)
6. Contact enrollment staff for an enrollment interview.
 - **James Baldwin, Olympic Hills, Viewlands** - Angela 206-305-1453
 - **Broadview-Thomson, John Muir, MLK** - Apryle 206-640-7184
 - **Emerson, Kimball, Lowell, Wing Luke** - Monica 206-430-2042
 - **Concord, Roxhill, West Seattle** - Lyall 206-531-5766

OR Mail Application to: **Seattle Public Schools Head Start**

Mailstop: 31-555
PO Box 34165
Seattle, WA 98124-1165



FOR OFFICE USE
Date Received:



Seattle Public Schools
Head Start Application
Mailstop: 31-555 PO Box 34165
Seattle, WA 98124-1165
(206) 252-0960



FOR OFFICE USE

Site: _____
Part Day Full Day

CHILD INFORMATION

First Name/ MI: _____ Last Name: _____ Birth Date: _____

Race: Asian Black Multiracial Native American Pacific Islander White Other: _____

Ethnicity: Hispanic Non-Hispanic Child's primary language _____

Child's Sex: Male Female Allergies/Health concerns: _____

Child's Health insurance: Medicaid (Apple Health) Private Insurance No insurance Other: _____

Medical Clinic: _____ Dental Clinic: _____

Phone number: _____ Phone number: _____

Does your child have a diagnosed special need? Yes No Specify: _____

If yes, was your child diagnosed by a school district? Name of school district: _____

Do you have any concerns about your child's learning or development? Yes No Specify: _____

CHILD CARE Name, Address, Phone Number: _____

HOUSEHOLD INFORMATION: Number of people supported by income: Parent(s) ____ Children ____ Other Adults ____

Receiving WIC? Yes No Receiving SNAP (food stamps)? Yes No

PARENT 1

First Name/MI: _____

Last Name: _____

Birth Date (Month/Day/Year): _____

Relationship to Child: Father Mother Foster
Grandfather Grandmother Other _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

Primary Language of Parent: _____

Interpreter Needed? Yes No Lives with Child? Yes No

EMPLOYMENT

Working Full time Working part-time Not working
Looking for work Not looking for work In school

HIGHEST GRADE OR DEGREE

Master's Bachelor's Associate's
College certificate Some college, no degree
Diploma GED Grade 12 Grade 11
Grade 10 Grade 9 or less

PARENT 2

First Name/MI: _____

Last Name: _____

Birth Date (Month/Day/Year): _____

Relationship to Child: Father Mother Foster
Grandfather Grandmother Other _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

Primary Language of Parent: _____

Interpreter Needed? Yes No Lives with Child? Yes No

EMPLOYMENT

Working Full time Working part-time Not working
Looking for work Not looking for work In school

HIGHEST GRADE OR DEGREE

Master's Bachelor's Associate's
College certificate Some college, no degree
Diploma GED Grade 12 Grade 11
Grade 10 Grade 9 or less

***I certify that the information provided on this application is accurate to the best of my knowledge.**

X _____
Signature of Parent or Guardian Required

_____ Date