



PPS Early Learning Program Application for 3-4 year old students
Apply by May 26, 2017 to receive a response before the end of June for programs starting in fall 2017.

FREE FULL-DAY PROGRAMS	Student Age (by September 1)	ADDRESS
Faubion Early Learning Center*	3 & 4 year olds	NEW Location! 2930 NE Dekum St., Portland OR 97211
Boise-Eliot/Humboldt Pre-K Classroom	4 year olds only	620 N. Fremont St., Portland OR 97227
Martin Luther King Jr. School Pre-K Classroom	4 year olds only	4906 NE 6 th Ave., Portland OR 97211
Woodlawn School Pre-K Classroom	4 year olds only	7200 NE 11 th Ave., Portland OR 97211

*Faubion includes a Native Montessori Preschool. Check Question 6 on page 2 if you are interested.

FREE HEAD START PROGRAMS	
Full-Day Head Start Programs	Head Start is a free preschool program that promotes the school readiness of children ages 3 to 5 from low-income families by enhancing their cognitive, social, and emotional development. Full day and half-day programs available at nine locations in North, Northeast and Southeast Portland. Call 503 916-5724 or visit http://www.pps.net/head-start for more information.
Half-Day Head Start Programs	

Note: Students who are five years old by September 1 are not eligible for these Pre-Kindergarten programs, but may enroll in a free, full-day Kindergarten at their neighborhood PPS School. Go to <http://www.pps.net/Page/2379> to find your neighborhood school.

PARENT/GUARDIAN INFORMATION:

Correspondence Language: English Spanish Vietnamese Chinese Russian Somali

Relationship to student (check one): Mother Father Guardian Other: _____

1. Parent First Name: _____ Parent Last Name: _____

Phone number (must enter at least one):

Mobile: _____ Home Phone: _____ Work Phone: _____

Email: _____

Contact Preference (must check at least one): Email & Text Message Email Only Text Message Only

Home Address:

Street

Apt. #

City

State

Zip

Additional Parent or Guardian Info:

Relationship to student (check one): Mother Father Guardian Other: _____

2. Parent First Name: _____ Parent Last Name: _____
 Name: _____

Phone number (must enter at least one):

Mobile: _____ Home Phone: _____ Work Phone: _____

Email: _____

Contact Preference (must check at least one): Email & Text Message Email Only Text Message Only

Home Address:

Street

Apt. #

City

State

Zip

STUDENT INFORMATION:

Student Name: First: _____ Middle: _____ Last Name: _____

Gender: F M Birthdate: _____ **Children must be 3 or 4 years old by 9/1/17**

Student lives with: Parent/Guardian 1 Parent/Guardian 2 Both Parent/Guardian 1 and 2

Student address (if different from parent address):

 _____ Street Apt. # City State Zip
 Current School/Program, if any: _____ Neighborhood School: _____

Portland Public Schools are equal opportunity providers and employers.

PROGRAM CHOICE: Please list the programs you would like your child to attend in order of preference.
Please enter at least one choice from the list on the other side of this application.
If you would like PPS to find your closest school, write "Closest School" on the top line.

#1 _____
 #2 _____
 #3 _____

Please answer the following questions as completely as possible. Your response will help make sure students receive priority for programs based on federal and state guidelines and PPS transfer preferences.

1. Check if this child has been enrolled in: Head Start Early Head Start
 If yes, when/where? _____
2. Is this child a foster child placed with you through DHS? Yes No
3. Does this child have a documented disability or health impairment? Yes No
 If yes, what type? _____
4. Does this child have a sibling who has been enrolled in Head Start or is currently enrolled in the school you are applying to? Yes No If yes, Name: _____ When _____
5. Is one or more of the child's parents/guardians current staff/ faculty of Concordia University? Yes No
A portion of Faubion seats are available on a paying basis for children of Concordia University faculty and staff.
6. Are you interested in enrolling your child in the Native Montessori program at Faubion? Yes No
7. Is your family currently receiving a cash grant or other TANF benefits (ERDC)? Yes No
8. Are you or anyone in your family currently receiving Supplemental Security Income (SSI)? Yes No
9. Is one or more of the child's parents/guardians a pregnant or parenting teen? Yes No
10. What is the highest level of education of this child's parents/guardians? _____
11. Are you homeless or living in temporary housing, motel or shelter? Yes No
12. Number in household: _____ Current monthly gross income: _____

I understand that I may be contacted and asked to provide additional information, **including proof of income**, to support my child's application.

Parent/Guardian Signature _____ Date _____

Applications can be completed online: **<https://pps.schoolmint.net/>**

Mail or deliver complete applications to:

PPS Enrollment & Transfer Center

501 N. Dixon St.

Portland, OR 97227

Please contact 503-916-3205 with questions

**Applications submitted by Friday, May 26, 2017 will receive a response before the end of June.
Later applications will be considered based on eligibility and space availability.**

OFFICE USE

Date Received_____ Staff Initials_____ Ranking # _____ MECP?_____