



Crosslake Community School
Pre-Kindergarten Intent to Enroll Form 2025-2026
Please Complete All Information Requested
(First Come, First Served Placement)

Office Use Only: Date Received _____

Parents/Guardians please note: Students entering Pre-Kindergarten in September 2025 must have had their **fourth** birthday by September 1, 2025.

Student Legal Name _____
Last First Middle Preferred

Date of Birth _____ (birthdate **prior** to September 1, 2021 to enroll)

Parent/Guardian Information

Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Email _____

Parent/Guardian Information

Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Email _____

Days of the week your student will attend Pre-K? Monday___ Tuesday___ Wednesday___ Thursday___ Friday___

Is your student currently receiving early childhood special education or speech services in your home district?

Yes___ (Location: _____) No___

(Note: Crosslake Community School's Pre-Kindergarten program does not provide these services.)

Has your student had Preschool Screening or Early Childhood Screening?

Yes___ (Location: _____) No___

(Note: Crosslake Community School's Pre-Kindergarten program does not provide these services.)

I understand that my student is applying to enroll in Crosslake Community School's Pre-Kindergarten Program. My signature represents approval.

Parent/Guardian Signature: _____ Date: _____

Crosslake Community School welcomes applications from all persons without regard to race, gender, sexual orientation, religion, intellectual or physical ability, or any other protected status.