



# Amherst County Public Schools

Every Child Every Day

Directions for completing the **Smart Start Application**:

**Please provide all information requested and mail the completed application, along with the most recent tax returns or W-2 forms for all working household relatives, to this address:**

Amherst County Public Schools  
Attention: Smart Start Program  
P.O. Box 1257  
Amherst, VA 24521

Name of person completing this application: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ (Send copy of court order in cases of foster care, limited or no contact order, etc.)

Address: \_\_\_\_\_

(City) (State) (Zip)

Phone Numbers: \_\_\_\_\_ (h or c) \_\_\_\_\_ (w)

Name of Emergency Contact (other than parents): \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

By checking this box, I understand that I must participate in parental involvement activities (a required part of the program) through home visits, parent conferences, and communication with teachers.

Check this box if your child will be a car rider **or**

Check this box if you plan for your child to ride a school bus. Students in the Smart Start Program who ride a school bus must be picked up and dropped off at the same location. Include the address of where your child will be picked up and dropped off.

Address: \_\_\_\_\_

(City) (State) (Zip)

Use this space to provide any additional information you feel we need to know about your child and family.

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Please call our office at 434-946-9386 ext. 9651 if you have any questions regarding the Smart Start Program. Amherst County Public Schools does not discriminate on the basis of sex, race, color, religion, or handicapping conditions in its educational programs or employment practices.



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## Smart Start Preschool Program Application for 2018-2019

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Must turn 4 on or before September 30.)

Sex: M or F (circle one) Race: \_\_\_\_\_ Is your child completely toilet trained? Y or N (circle one)

Child's Address: \_\_\_\_\_  
(City) (State) (Zip)

Not including the child above, list all household members:

Name	Relationship to Child	(If applicable) Yearly Gross Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Number in Household: \_\_\_\_\_ Total Gross Household Income: \_\_\_\_\_

Please check if any household relative is receiving any of the following benefits and list the amounts:

_____ Unemployment	_____ Amount	_____ Alimony	_____ Amount
_____ Workers' Comp.	_____ Amount	_____ Child Support	_____ Amount
_____ Disability	_____ Amount	_____ Social Security	_____ Amount
_____ Other	_____ Amount		

Please check the highest level of education that the child's father and mother completed.

Father: College 2+ Years \_\_\_\_\_ High School Graduate \_\_\_\_\_ Did not complete high school/GED \_\_\_\_\_

Mother: College 2+ Years \_\_\_\_\_ High School Graduate \_\_\_\_\_ Did not complete high school/GED \_\_\_\_\_

Does your child currently have an Individualized Education Plan (IEP)? Y or N (circle one)

If your child does have an IEP, is he/she attending an early childhood special education preschool? Y or N (circle one)

If so, where? \_\_\_\_\_

Is your child currently attending a Head Start Program? Y or N (circle one)

If so, where? \_\_\_\_\_