



GSRP Preschool Application

Child's Name _____ DOB _____ Sex _____

Parent/Guardian's Name _____ Home Phone _____

Alternate Phone _____ School District _____

Address _____
Street Number and Name City State Zip

Other adults in the home _____

Relationship(s) _____

Other children in family:

_____ DOB _____

_____ DOB _____

Risk Factors:

- _____ Low Birth Rate
- _____ Developmentally Immature
- _____ Physical and/or Sexual Abuse and Neglect
- _____ Nutritionally Deficient
- _____ Long-Term or Chronic Illness
- _____ Diagnosed Handicapping Condition
- _____ Lack of a Stable Support System of Residence
- _____ Destructive or Violent Temperament
- _____ Substance Abuse or Addiction
- _____ Language Deficiency or Immaturity
- _____ Non-English or Limited English Speaking Household
- _____ Family History of Low-School Achievement or Dropout
- _____ Family History of Delinquency
- _____ Family History of Diagnosed Family Problems
- _____ Low Parent/Sibling Educational Attainment or Illiteracy
- _____ Single Parent
- _____ Unemployed Parent/Parents
- _____ Low-Income Family
- _____ Family Density (excess of people living in one household)
- _____ Parental/Sibling Loss by Death or Parental Loss by Divorce
- _____ Teenage Parent
- _____ Chronically Ill Parent/Sibling (physical, mental or emotional)
- _____ Incarcerated Parent
- _____ Housing in Rural or Segregated Area

You must provide verification of your child's risk factors. Please attach them with this sheet.