



Preschool Student Enrollment Requirements

The attached electronic application must be filled out completely and returned – online, email, fax, mail or delivered to any McCracken County Elementary School.

*When completing the electronic application online, simply save and email:
tina.hayes@mccracken.kyschools.us*

Prior to attendance, each child shall have on file:

- ✓ A copy of a legal birth certificate as required by KRS 158.032(3) - states that a birth certificate or other reliable proof of the student's identity and age, and an affidavit of the inability to produce a birth certificate is acceptable.
[Apply for certified copy of birth certificate](#)
- ✓ Up-to-date Immunization Certificate - A Kentucky Certificate of Immunization as required by KRS 214.034 - requires any child enrolled as a regular attendee in all public or private primary or secondary schools, and preschool programs shall have a current immunization certificate and be on file within two weeks of the child's attendance. [More information on IMMUNIZATIONS](#)
- ✓ Medical examination / physical check-up - A medical examination meeting requirements of 704 KAR 4:020 conducted within six (6) months prior to entry into the school program. [EXAM FORM](#)
- ✓ A Vision Examination (KRS 156.160/704 KAR 4:020) is required to be completed by a optometrist or ophthalmologist **no later than January 1** of the first year of enrollment for all children 3, 4, 5, or 6 years of age entering a KY public school preschool for the first time. [VISION FORM](#)
- ✓ Proof of residency in McCracken County
- ✓ Income Verification Form

PLEASE NOTE: Online registration is also required for all McCracken County Preschool students. If you have a current [Infinite Campus Parent Portal](#) account you may login and add a preschool student or make sure to include potential preschool students during online registration. If you do not have a current Parent Portal account, online registration must be completed at the school.



Child's Legal Name:	Gender:	M	F
Child's preferred name:	Date of Birth:		
Parent/Guardian Name:			
Child lives with:	Relationship:		
Street Address:		City:	
State:	Zip Code:	How long at address:	
Contact Number:		Cell Number:	
Email Address:			

If your primary language is other than English?	Yes	No
If yes, please write the language name		
When possible, would you like us to use a language interpreter?	Yes	No
Is the child Hispanic/Latino?	Yes	No

Transportation:	Bus	Parent	Other:
Bus Rider-Transportation Address: <i>(pick-up/drop-off address if address is different than home)</i>			

Has your child attended a preschool program in the past:	Yes	No
If yes, list school attended		

Do you have concerns about your child's development?	Yes	No
If yes, briefly describe		
Does your child have a medical condition/allergy? <u>Please make sure to also include during online registration.</u>		
	No	Yes