



THREE OAKS PUBLIC SCHOOL
Be confident inside.

1212 Kingsley Street
Muskegon, MI 49442
Phone: 231-767-3365
Fax: 231-777-9815
www.threeoaksschool.com

INITIAL GREAT START READINESS PROGRAM APPLICATION

Child's Name _____ Birth date _____ Sex _____

Parent/Guardian Name(s) _____ Phone _____

Address _____ Other Phone _____

Other adults in home _____ Relationship _____

_____ Relationship _____

Other children in the family _____ Birth date _____

_____ Birth date _____

_____ Birth date _____

_____ Birth date _____

Day Care Provider _____ Address _____

Annual Income (last 12 months) _____ Number in family _____

Are you currently employed? _____ YES _____ NO

If not employed, please list source(s) of income and amount(s) of each

List language(s) spoken in home _____

Highest grade completed in school _____ Mother _____ Father _____

Mother's age at birth of first child _____

Have you or any of your children been diagnosed with a handicap? _____ YES _____ NO

If yes, please explain _____

Have you or any of your children had a long-term or chronic illness? _____ YES _____ NO

If yes, please explain _____

Do any of your children receive special services? _____ YES _____ NO

If yes, please explain _____

Has your child experienced the death of a parent or sibling? _____ YES _____ NO

Are you a single parent? _____ YES _____ NO

Divorced: _____ YES _____ NO

Do you live in a rural area? _____ YES _____ NO

Parent/Guardian Signature _____



Michigan School Readiness
Preschool Questionnaire

Child's name: _____

Date of birth: _____ Sex: M or F

Family Address: _____

Please name the closest crossroads to your home (for example, Washington
and 5th St.): _____

Local school district: _____

List all children in household and ages: _____

Estimated annual income: _____ Number in family: _____

Income sources: _____

FIP/TANF number (if applicable): _____

Has your child ever been in any other preschool program? YES NO

If yes, program name: _____

Please list any additional information or special needs concerning your
child: _____

I release this information to be shared by the school district:

Parent/Guardian signature

Date

Please return this form to: Three Oaks Public School Academy
1212 Kingsley
Muskegon, MI 49442

Publicly funded programs will not discriminate against any family because of race, color, national origin,
sex, age or handicap except as prescribed by program guidelines. The preschool committee will review
this registration and contact you regarding program options and availability.

STAFF USE ONLY: Reviewed by _____ Date: _____
Child's age (as of 12/1) _____