MAINE-ENDWELL CENTRAL SCHOOL DISTRICT
UNIVERSAL PRE-KINDERGARTEN APPLICATION FORM

Completed forms must be mailed or directly returned to: Linda Kelly, Maine Memorial Elementary School, 2693 Main St. P.O. Box 218, Maine, NY 13802 no later than May 15, 2009.

Child's Name:

_____ _____ _____

First *M.I.* *Last*

Date Of Birth: _____ _____ **Male** _____ **Female**

Parent(s) Name: _____

_____ _____ _____

Street Address *City* *Zip*

Home Phone: _____ ***Work/Other:*** _____

Siblings and Siblings' Date(s) of Birth:

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Please rank from 1 to 5, with 1 being your first choice, the order of your preference when participating in our required random selection procedure for UPK:

____ **Maine Memorial a.m.** ____ **Maine Memorial p.m.**

____ **Future Faces a.m.** ____ **Future Faces p.m.**

____ **Endwell Nursery a.m.**

Office Use Only

Date Received: _____ **Lottery Number:** _____

Result of random selection: ☐ **Maine Memorial** ☐ **a.m.** ☐ **p.m.**

☐ **Future Faces** ☐ **a.m.** ☐ **p.m.**

☐ **Endwell Nursery a.m.** **Waiting List No.** _____