

HICKSVILLE PUBLIC SCHOOLS

DISTRICT PRE-KINDERGARTEN PROGRAM APPLICATION

Child must turn four on or before December 1, 2017.



Name of Child: _____
First Middle Last

Date of Birth: _____
Month / Day / Year

Name of Parent/Guardian: _____

Street Address: _____

Contact Information:

Home Telephone Number: _____

Cell Phone Number: _____

Email: _____

Session Preference (Not guaranteed):

Circle First Choice: Morning 8:30 – 11:00 Afternoon 12:30 – 3:00

Should you not receive your first choice, do you wish to enroll your child in the second option? Yes No

For Office Use Only:

Ticket Number: _____

200 Division Avenue
Hicksville, NY 11801
Phone: 516 733 2149

www.hicksvillepublicschools.org

Applications must be received by Thursday, January 12th.

**Lottery-based Pre-kindergarten Program contingent upon passage of the School District Budget*