

SNACS Preschool Development Grant Program 2017-2018 Demographics

Student Name: _____ DOB: ____/____/____

Address: _____

Street City/State Zip code
Legal guardian #1: _____ Relationship: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

Legal guardian #2: _____ Relationship: _____

Home phone: _____ Cell Phone: _____ Work Phone: _____ Email: _____

Parent/Guardians are: Living together Divorced Separated Other: If other, please describe _____

List all other family members residing in the home: _____

Ethnicity (check one):

_____ American Indian or Alaska Native _____ Asian _____ Native Hawaiian/other Pacific Islander
_____ Black of African American _____ Hispanic or Latino _____ White, not Hispanic _____ Mixed (2 or more races)

Disabilities (please list): _____ Medical Conditions (please list): _____

What is the primary language spoken at home? _____

Do you receive assistance from any of the following agencies? (please check all that apply)

_____ Welfare System (direct support, food stamps, Medicare/Medicaid, SNAP, TANIF)
_____ Social Security or Unemployment _____ Children's Cabinet _____ Other (Please specify) _____

Please circle Yes / No as you respond to the following questions:

Are you a member of the military? Yes / No If yes, what branch? _____

Are you homeless? Yes / No If yes, where are you staying? _____

Do you reside on Indian Lands? Yes / No Did both parents complete high school? Yes/No

Does anyone in your family work in the fishing and/or agricultural industry in the last 3 years? Yes / No

Are you able to volunteer a minimum of 10 hours per month toward the SNACS small school community? Yes / No

Do you have a computer at home? Yes / No Do you have access to internet at home? Yes / No

Do you have siblings enrolled at SNACS? (please circle) Yes / No If yes, what grade levels? _____

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

Date received: ____/____/____ Birth Certificate: _____ Income verification: _____ Valid ID: _____
Proof of Residence: _____ Registrar Initials: _____ Director Initials: _____