



Tigard-Tualatin School District
Educate Every Child
 In partnership with



Office use only		
Received _____	Staff Initial _____	Date of Referral _____
Referred to: <input type="checkbox"/> CAO <input type="checkbox"/> NWRES D <input type="checkbox"/> Latino Network <input type="checkbox"/> IRCO <input type="checkbox"/> TTSD		
Catchment _____		

Free Preschool for Children ages 3-5 in Tigard-Tualatin School District Program Interest Form

Child's Legal Last Name (Family Name) _____ Child's Legal First Name _____ Middle Initial _____

Child's Birth Date _____ Child's Gender Male Female

Child's Home Address (full street address, city, ZIP code) _____

#1 Parent/Guardian Last Name (Family Name) _____ Legal First Name _____ Middle Initial _____

#1 Parent/Guardian phone number _____ Email address _____

#1 Primary Language at Home _____ Request translation services

#2 Parent/Guardian Last Name (Family Name) _____ Legal First Name _____ Middle Initial _____

#2 Parent/Guardian phone number _____ Email address _____

#2 Primary Language at Home _____ Request translation services

Please check all that apply:

- Foster parent(s)
 Receiving Temporary Assist For Needy Families (TANF)
 Receiving Supplemental Security Income (SSI)
 Student has an Individual Family Service Plan (IFSP)

Currently sharing housing or doubled up, living in a motel or campground, or in transition housing, or in a shelter, in a car, park or public space

Family income (before taxes) last year \$ _____ Number of persons in household _____

Parent / Legal Guardian Signature:

I affirm that to the best of my knowledge, all the information that I have provided is complete and correct. I understand that if I deliberately misrepresent my family circumstances, my family may not be eligible for preschool services. I authorize Tigard-Tualatin School District, Community Action, NW Regional ESD, Latino Network, and IRCO to share this information among their agencies for consideration of program placement.

Signature _____ Date _____

**Send completed form to preschoolinfo@ttsd.k12.or.us or text photo of form to 971-330-5930
 or deliver to your neighborhood Tigard-Tualatin elementary school
 or mail to Early Learning Coordinator TTSD 6960 SW Sandburg Street Tigard, OR 97223**