



# WESTSIDE ELEMENTARY SCHOOL

Physical Address: 320 West Walnut Street  
Sisseton, SD 57262

School Website: <https://www.sisseton.k12.sd.us/domain/9>

Facebook: <https://www.facebook.com/sissetonelementary/>

Phone: (605) 698-7613 ext.4 Fax: (605) 698-7404

Office Email: [sissetonelemoffice@k12.sd.us](mailto:sissetonelemoffice@k12.sd.us)

***Well Prepared ~ Always Safe ~ Value Respect ~ Eager to Learn***

**MISSION** We provide an education for all learners to be inspired and empowered for life

**VISION:** Our vision is to challenge and engage students to reach their highest achievement in education through the help of kind and caring teachers.

## Sisseton School District 54-2 Preschool Application 2021-22

Child's full name: \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F

Preferred name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical address: \_\_\_\_\_ County: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone #: (h) \_\_\_\_\_ (cell) \_\_\_\_\_

(w) \_\_\_\_\_ (Other) \_\_\_\_\_

Email: \_\_\_\_\_

Race: \_\_\_\_\_

### Adults in the Family

Name Address	Relation to Child	Parental Custody Custodial      Non-custodial  Marital Status M      D/S      S      W
Name Address	Relation to Child	Parental Custody Custodial      Non-custodial  Marital Status M      D/S      S      W
Name Address	Relation to Child	Parental Custody Custodial      Non-custodial  Marital Status M      D/S      S      W
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First and Last Names of other children in home	Date of Birth	Gender		Previous enrollment in Early Childhood program	
		M	F	YES	NO
		M	F	YES	NO
		M	F	YES	NO
		M	F	YES	NO
		M	F	YES	NO

Preschool fees are \$25/day. After school care is available for an additional cost of \$5/day. Preschool transportation is the responsibility of the parent. Bus transportation may be available to students residing in the Sisseton School District on an established bus route. This is a licensed program and State and Tribal Child Care Assistance is accepted. Parents are billed twice a month and must **prepay** for the upcoming pay period. Families will be dropped from the program due to lack of payment. Parents will receive refunds or credits toward their bill for unexpected school cancellations such as snow days.

### Priority Qualifiers:

Will the child be 5 on or before September 1 of present year? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the child attended other early childhood programs? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the child presently receiving special education services? Yes \_\_\_\_\_ No \_\_\_\_\_

### Child Care Provider Information:

Type: (circle one)      None      In your home (non-parent)  
Family, friends, neighbor      Licensed Child Care Center

### Child Care Provider Name & Contact Information:

\_\_\_\_\_

Other health, emotional, or behavioral concerns \_\_\_\_\_

\_\_\_\_\_

**\*\* A complete application includes all school registration forms, a current immunization record, and a copy of your child's birth certificate. Applications are prioritized for children who are 4 by September 1 of the upcoming school year. They are also prioritized on a first-come basis.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date