



LOWNDES COUNTY
School District
CALEDONIA • NEW HOPE • WEST LOWNDES • CAREER TECH

Title I Pre-K Application

***Applicants must meet the MS age requirements for the 2023-2024 school year
(4yrs old by September 1, 2023)***

Application Documentation

1. A copy of your child’s birth certificate
2. A copy of your child’s Immunization Compliance Form (Form 121) “Shot Record”
3. Two proofs of residency: *The same name and address **MUST** be on both documents.

- Filed homestead exemption application form
- Mortgage documents or property deed
- Apartment or home lease.
- Affidavit of residency

- Utility bills (current within at least thirty days)
- Driver’s license
- Voter precinct identification
- Automobile registration
- Certified copy of filed petition for guardianship if pending and final decree when granted
- Any other documentation that will objectively and unequivocally establish that the parent or guardian resides within the school district

Affidavits should have a copy of the lease, mortgage document, or property deed as proof.

Deadline

- **ALL** applications should be returned to the Lowndes County School District Central Office at 1053 Hwy 45 South Columbus, MS 39701
- Incomplete applications will **NOT** be accepted

Applications **MUST** be received by 4:00 pm
March 3, 2023

Central Office will be closed
November 21-25, 2022
December 23, 2022 – January 6, 2023

Pre-K Screening Dates

A parent or guardian must bring their child to the LCSD Central Office to complete **SCREENING** on one of the following dates:

Tuesday, March 7, 2023
8:00am – 6:00pm

Wednesday, March 8, 2023
8:00am - 3:00pm

Thursday, March 9, 2023
8:00am – 6:00pm

You will be contacted to schedule a date and time.

For more information contact:
Dr. Kristie Jones, Federal Programs Director
662-244-5030

Lowndes County School District
Pre-Kindergarten Application 2023-2024

Please PRINT or TYPE

Student's Name: _____
Last Name First Name M.I.

Parent/Guardian's Name: _____
Last Name First Name

Address: _____
Street Address City State Zip Code

Mailing Address (if different) _____

Home Phone: _____ Cellphone: _____ Work Phone: _____

Date of Birth: _____ Gender: _____ Male _____ Female

Race: American Indian or Alaska Native Asian African American or Black Hispanic
 Native Hawaiian or other Pacific Islander Caucasian or White Other

Does your child currently receive special education services? _____ Yes _____ No If YES, explain:

Special Concerns: _____ Foster Care _____ Migrant Family _____ Homeless _____ Other, explain _____

Is English the primary language in your household? _____ Yes _____ No If No, what language? _____

Did your child attend Head Start? _____ Yes _____ No If YES, where? _____

Is your child potty trained? _____ Yes _____ No

School applying for: (Choose only one) _____ Caledonia Elementary _____ New Hope Elementary
_____ West Lowndes Elementary

I am applying for placement of my child at the school indicated above. I understand that the information provided by me on this application will be checked for accuracy, and that false information will disqualify the application.

Signature of Parent or Legal Guardian

Date

Central Office Use Only

Does the applicant meet the age requirement? _____ Yes _____ No (September 2, 2018 – September 1, 2019)
Does the application include an affidavit? _____ Yes _____ No
Is the Shot Record marked "Complete for School Entry" _____ Yes _____ No (Not applicable if the child has not turned 4yrs old)