

KINDERGARTEN

2026-2027 Enrollment Lottery

(Attach a copy of the child's birth certificate, social security card & immunization records)

In order for this application to be considered for the 2026-2027 APKS Lottery, the completed application along with the requested documents must be turned in by **NOON February 6, 2026**.

STUDENT: (PLEASE PRINT: FIRST MIDDLE LAST)			
Social Security Number: _____		Sex: _____ Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: (MM/DD/YYYY) *must be 5 by Sept. 30 th of 2026
Student lives with (First, Last Name):			Relationship to student:
Physical Address (where you live):			State: _____ Zip: _____
Mailing Address (if different from physical address)			State: _____ Zip: _____
Race: (Circle One) AM/Indian <input type="checkbox"/> Asian/Pacific Is. <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/>		(must circle one) Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/>	
Primary Language Spoken in the home:			
Special Services Currently Received: (circle all that apply) Special Ed <input type="checkbox"/> 504 <input type="checkbox"/> Speech <input type="checkbox"/> Homeless <input type="checkbox"/> LEP <input type="checkbox"/> Migrant <input type="checkbox"/>			
Email (print):			
Does your child participate in LaChip? (circle one) Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, case # _____		Name of where your child is currently enrolled : Headstart Public Pre-K Non-Public Pre-K Licensed Daycare In-Home Daycare Kept Home	
Does your family receive SNAP Benefits? (circle one) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, case # _____			

Student must be 5 years old by September 30, 2026 to attend APKS for 2026-2027 school year.

Parent Phone Numbers: Please make sure all phone numbers are correct.

If we call and you do not have a valid number, we will go to the next child on the list.

Name: _____	Home: _____	Work: _____	Cell: _____
Name: _____	Home: _____	Work: _____	Cell: _____

Other siblings you would like for us to consider should this child be enrolled in APKS:

Name: _____	Current Grade: _____
Name: _____	Current Grade: _____
Name: _____	Current Grade: _____

Filling out this form only ensures that your child will be placed into the lottery system for enrollment in the upcoming school year. It in no way guarantees acceptance into APKS.

Office Use Only: _____ Birth Certificate _____ Social Security _____ Imm _____ Lunch _____

APKS is a free public school, open to all children regardless of race, color, religion, sex, national origin, language, or disability. Listing sibling does not guarantee that he/she will be accepted should the Kindergarten child be accepted.