

**NORTHWESTERN LOCAL SCHOOL DISTRICT  
STEM PRESCHOOL APPLICATION 2024-25**

**\$20.00 Application Fee Due with Completed Application By 3/22/24**

Mail to: NW Elem., 7334 N. Elyria Rd., West Salem, OH 44287

Class Requesting:

Space is Limited. Enroll Today!



Ohio's Tiered Quality Rating & Improvement System

Earning Ohio Department  
of Education 5 Star Rating,  
the highest rating possible!

\_\_\_\_\_ **3/4 yr old \$240.00 (M-TH) 8:30-11:40 AM**

\_\_\_\_\_ **4/5 yr old \$240.00 (M-TH) 12:20-3:30 PM**

Grants for free or reduced tuition available.  
Based on household gross income and family size.

**Program cost: \$240.00 per month August through May or \$200.00 for 12 months**  
**Monthly payments are due the 10<sup>th</sup> of each month**

**STUDENT INFORMATION**

Student's legal name as shown on Birth Certificate:

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Nickname \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Place of Birth (City/State) \_\_\_\_\_

Ethnicity (circle) Asian/Pacific Islander, Black/African American, Hispanic/Latino, American Indian, Multiracial, White

Language spoken at Home \_\_\_\_\_ English \_\_\_\_\_ Other-specify \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

District of Residence (if other than Northwestern Local \_\_\_\_\_ Open Enrollment Form Needs To Be Filled Out

Address of Student \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Family Gross Income\* \_\_\_\_\_ Family Size \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Email \_\_\_\_\_ \*Gross Income is Needed for Grant Eligibility

Does your child have an IEP? \_\_\_\_\_ If yes: state handicap \_\_\_\_\_

**GUARDIAN/CUSTODIAL INFORMATION**

Student lives with (check all that apply):

\_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Step-Parent \_\_\_\_\_ Foster Parents \_\_\_\_\_ Guardian

\_\_\_\_\_ Alternates between Parents \_\_\_\_\_ Other-specify \_\_\_\_\_

Legal Custody is with: \_\_\_\_\_ Both Parents  
\_\_\_\_\_ Shared Parenting – custody documents on file with school  
\_\_\_\_\_ Mother only (parents were unmarried at time of birth)  
\_\_\_\_\_ Mother only – custody documents on file with school  
\_\_\_\_\_ Father only – custody documents on file with school  
\_\_\_\_\_ Guardian – custody documents on file with school  
Please state name & relationship \_\_\_\_\_  
\_\_\_\_\_ Parents still married, but separated, not divorced – no custody order exists

Parents are: \_\_\_\_\_ Married \_\_\_\_\_ Never Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

\_\_\_\_\_ Mother Deceased \_\_\_\_\_ Father Deceased

**Custodial Father or Guardian:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Custodial Mother or Guardian:**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Spouse of Custodial Parent:**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Information supplied on this form is required under provisions of Ohio Law and the Ohio Department of Education.

I affirm that the information above is correct and I give my permission to verify my residence, if necessary.

Custodial Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_