



GARDEN GROVE UNIFIED SCHOOL DISTRICT  
 Office of Elementary Education  
**Clinton Corner Family Campus**  
 State Preschool Program  
 13581 Clinton St. Garden Grove, CA 92843  
 Tel: (714) 663-6298 Fax: (714) 663-6149

Office Use Only

## Pre-Certification Interest Form 2018-2019

**Note: This is a preliminary application. It does not guarantee your child's placement in the program.  
Please fill out sections A, B and C**

### Section A

Student Name \_\_\_\_\_ Student D.O.B \_\_\_\_\_ M  F   
Last Name      First Name      Middle Name

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
+ 4 digits

Child lives with :  Both Parents     Mother Only     Father Only     Legal Guardian     Foster Parent

Mother/ Guardian : \_\_\_\_\_  
Last Name      First Name      Middle Name

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Father/ Guardian: \_\_\_\_\_  
Last Name      First Name      Middle Name

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Is your child receiving special education services?  YES  NO      Does your child have an IEP?  YES  NO

### Section B List all YOUR children under 18 years of age living in your home:

	Last Name	First Name	Birth Date	Current School
1				
2				
3				
4				
5				

### Section C Current source of **GROSS INCOME**: (Monthly income before taxes & deductions)

#### Mother's Gross Income:

Total monthly wages (gross) : \_\_\_\_\_

How often are you paid? \_\_\_\_\_ Paycheck  Cash

#### Please include any and all income that applies:

Unemployment (monthly): \_\_\_\_\_

SSA (monthly): \_\_\_\_\_ Worker's Comp: \_\_\_\_\_

Cash Aid/CalWORKs (monthly): \_\_\_\_\_

Child & or Spousal Support (monthly): \_\_\_\_\_

Other Income: Rental, Family Support, Tips, etc: \_\_\_\_\_

#### Father's Gross Income:

Total monthly wages (gross): \_\_\_\_\_

How often are you paid? \_\_\_\_\_ Paycheck  Cash

#### Please include any and all other income that applies:

Unemployment (monthly): \_\_\_\_\_

SSA (monthly): \_\_\_\_\_ Worker's Comp: \_\_\_\_\_

Cash Aid/CalWORKs (monthly): \_\_\_\_\_

Child & or Spousal Support (monthly): \_\_\_\_\_

Other Income Rental, Family Support, Tips, etc: \_\_\_\_\_

**Parent/ Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Total Gross Amount: \$** \_\_\_\_\_

**Office Use Only:**  3 yr Old Prog.  4 Yr. Old Prog. Fam. ID #: \_\_\_\_\_ CAIR: YES NO

Fam. Size: \_\_\_\_\_ Rank: \_\_\_\_\_ Over Income: \_\_\_\_\_ % \_\_\_\_\_

Home School: \_\_\_\_\_ Out of District: \_\_\_\_\_

Notes \_\_\_\_\_ Share Point \_\_\_\_\_

Info Mtg: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Reg. Packet Given on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_