

## **Hebron Public Schools**

## Hebron Early Childhood Center At Gilead Hill Preschool Program



## Lottery Application 2020-2021

## **Lottery Enrollment Deadline:**

Please return completed form to the Gilead Hill School Office by February 28, 2020

Student Name:				Date:	
M/F:	Age:	Date of Birth:		(must be 3 or	4 by December 31, 2020)
Name of P	arent(s)/Guard	lian(s):			
Address: _			_Apt #:	Town:	Zip:
Primary Pl		Alternate Phone #:			
Email Add	ress:				
*Number	of People in vo	our household			
	-	e			
Total Ho	usenoiu incom	S			
•		old information prov ligible for a prescho		•	lic Schools will be in contact adiness Grant.
		<u>Please initia</u>	l the follo	wing statements	
		my child must resid		•	
•	<ul> <li>participate in the lottery and enroll in the preschool program</li> <li>I understand parents are responsible for transportation.</li> </ul>				
• lu	•	if I accept a placem	-		am
Based upo	on the informat	tion provided regar	ding the p	reschool program,	I understand that
-		•	. •	. •	s, including proof of
school.	and records of	requirea immuniza	ations will	need to be comple	eted and submitted to the
					<del></del>
Parent/Gu	ıardian Signatu	re			Date

<u>Public Lottery Drawing:</u> March 12, 2020 at 9:00 a.m. at Gilead Hill School. Applicants do not need to be in attendance to be eligible for the lottery. All applicants will be notified of their acceptance or waitlist status by phone.