

**Oswego City School District  
Universal Pre-Kindergarten Application 2024-2025**

**(must be submitted with the Registration Packet and required forms)**

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Family Email Address: \_\_\_\_\_  
(Birthdate must fall between 12/2/19 and 12/1/20)

Father/Mother/Guardian Full Name: \_\_\_\_\_

Complete Residential Address: \_\_\_\_\_

Mailing Address if Different from Residence: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Parent Cell Phone Number: \_\_\_\_\_

Does your child have difficulties with:

Hearing	Physical Disabilities
Vision	Learning
Speech	Other _____

Please explain:

We try to enroll students in the Universal Pre-K program closest to their home residence or indicated by your first choice, however we can't make any guarantees. Place a #1 in your first choice. Your child may not get their first choice; therefore if there are alternate choices, please indicate your 2<sup>nd</sup> and 3<sup>rd</sup> choice. If you only choose one location, there is no guarantee your child will get that. Selections are based on a lottery system if more applications than available slots exist.

**This is not a first come, first serve program.**

Fitzhugh Park School	<input type="checkbox"/> AM 9:00-11:30	<input type="checkbox"/> PM 12:45-3:15
Leighton School	<input type="checkbox"/> Full day 9:00-3:15	
Riley School	<input type="checkbox"/> AM 9:00-11:30	<input type="checkbox"/> PM 12:45-3:15
Minetto School	<input type="checkbox"/> AM 9:00-11:30	<input type="checkbox"/> PM 12:45-3:15
Kingsford Park School	<input type="checkbox"/> AM 9:00-11:30	<input type="checkbox"/> PM 12:45-3:15

My child will use the transportation services outlined in the letter  Yes  No

If you have any questions, please call 315-341-2045

Applications must be returned to:

Education Center – Central Registration Office  
1 Buccaneer Boulevard  
Oswego, NY 13126

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_