

**NORTHWESTERN LOCAL SCHOOL DISTRICT
STEM PRESCHOOL APPLICATION 2025-26**

\$20.00 Application Fee Due with Completed Application By 3/14/25

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

Class Requesting:

Space is Limited. Enroll Today!

___ 3/4 yr old \$240.00 (Mon.-Thurs.) **8:30-11:40 AM**

___ 4/5 yr old \$240.00 (Mon.-Thurs.) **12:20-3:30 PM**



Program cost: \$240.00 per month August - May, Supply fee \$30.00

Monthly payments are due the 10th of each month

STUDENT INFORMATION

Student's legal name as shown on Birth Certificate:

First Name _____ Middle _____

Last _____

Nickname _____ Social Security

Number _____

Birth Date _____ Age _____ Gender (M/F) _____

Birth Place(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 _____