



Wayne County GSRP 2019-2020 Pre-Screen Form

These materials were developed under a grant awarded by the Michigan Department of Education

This form is optional and can be used when the enrollment person is not available.

	In person:	
Appointment Date: Time:	-Ask parent to complete top portion	
Documents Received with Pre-Screen Form:	-Give parent bottom portion -Make copies of any documents brou	ght in that are listed in the box to the left
Documentation of Income Copy of Birth Certificate		
Proof of Immunizations Parent Identification	Over Phone:	
Health Appraisal (completed and signed by doctor)	-Fill out top portion -Remind parent what documents are	required for enrollment
	nemma parene what accuments are	
Date of Birth: Sex:	MF	
Child's Name:		
Child's Address:	City:	Zip Code:
Phone Number:	Alternate Phone Number: _	
Alternate Phone Number:	E-mail:	
Parent/Guardian's Name:		
Parent/Guardian's Name:		
Number of ALL (self, children, and other adul	ts) household members for which you	are financially responsible:
Income: \$ Weekly:	Bi-Weekly 2 Times/Mont	h Monthly
Q /		
×		
Thank you for your interest in enrolling yo		
Thank you for your interest in enrolling you when you return for your appointment pl	our child in	
	our child inlease bring the following:	
When you return for your appointment pl	our child in lease bring the following: Copy of Birth Certi	GSRP Program. ficate or Alternative
When you return for your appointment pl Documentation of Income	our child in lease bring the following: Copy of Birth Certi	GSRP Program. ficate or Alternative
When you return for your appointment pl Documentation of Income Proof of Immunizations/Shot Record	our child in lease bring the following: Copy of Birth Certi	GSRP Program. ficate or Alternative
When you return for your appointment pl Documentation of Income Proof of Immunizations/Shot Record Health Card If applicable:	our child in lease bring the following: Copy of Birth Certi d Parent Identification Health Appraisal (o	GSRP Program. ficate or Alternative on completed and signed by doctor)
When you return for your appointment pl Documentation of Income Proof of Immunizations/Shot Record Health Card	our child in lease bring the following: Copy of Birth Certi d Parent Identification Health Appraisal (o	GSRP Program. ficate or Alternative on completed and signed by doctor)
When you return for your appointment pl Documentation of Income Proof of Immunizations/Shot Record Health Card If applicable:	our child in lease bring the following: Copy of Birth Certi d Parent Identification Health Appraisal (o	GSRP Program. ficate or Alternative on completed and signed by doctor)
When you return for your appointment pl Documentation of Income Proof of Immunizations/Shot Record Health Card If applicable: Date for application interview:	our child in lease bring the following: Copy of Birth Certi d Parent Identification Health Appraisal (o	GSRP Program. ficate or Alternative on completed and signed by doctor)