

**Berkeley Unified School District  
INITIAL REQUEST FOR SERVICES**

**RANK your choice of school (1 as your 1<sup>st</sup> choice and 3 as your last choice)**

**Provide the Following Documents**

Hopkins Preschool: 1810 Hopkins St., Berkeley email: [delialopezcaloca@berkeley.net](mailto:delialopezcaloca@berkeley.net) \* **Proof of Address**  
 King CDC: 1939 Ward St., Berkeley email: [margowilson@berkeley.net](mailto:margowilson@berkeley.net) \* **Immunizations Rec.**  
 Franklin Preschool: 1460 8<sup>th</sup> St., Berkeley email: [maurablanco@berkeley.net](mailto:maurablanco@berkeley.net) \* **Family Gross Monthly Income**  
**Today's Date:** \_\_\_\_\_ \* **Birth Certificates of all your children**

<p><b><u>Primary Parent</u></b></p> <p>First Name _____ Initial _____ Last Name _____</p> <p>Home Phone _____ Work Phone _____</p> <p>Message, Cell or Pager _____ DOB _____</p> <p>Email address _____</p> <p>Married Y / N _____</p> <p>Gender M / F _____ Primary Language _____</p> <p>Single Parent? Y / N _____</p> <p>CPS Y / N _____</p> <p>Family Size _____ Ethnicity _____</p>	<p><b><u>Reason for Care</u></b></p> <p><input type="checkbox"/> Incapacitated      <input type="checkbox"/> Looking for Work</p> <p><input type="checkbox"/> Working      Zip: _____</p> <p><input type="checkbox"/> Education/Training      Zip: _____</p> <p>Name of College or Community College: _____</p> <p><i>Data entry: If UC Berkeley must enter UC Berkeley on Preference screens.</i></p> <p>Monthly Gross Income: \$ _____</p> <p>Income Source: _____</p> <p><b>Receiving Cal-Fresh (EBT):</b> _____</p> <p>Ever a CalWORKs recipient? Y / N _____</p> <p>If yes, date of last check: _____</p> <p>CalWORKs Deferment? Y / N _____</p> <p>Date: _____</p>	<p><b><u>Household</u></b></p> <p>Address _____</p> <p>City _____</p> <p>State _____</p> <p>Zip _____</p> <p>County _____</p> <p><b>Seeking Permanent Housing?</b> Y / N _____</p> <p><b>Preferred written language:</b></p> <p>English <input type="checkbox"/></p> <p>Spanish <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Farsi <input type="checkbox"/></p> <p>Vietnamese <input type="checkbox"/></p> <p><b>Characteristics</b></p> <p>Homeless Y / N _____</p> <p>Migrant Y / N _____</p> <p>Student Y / N _____</p> <p>Teen Parent Y / N _____</p>
<p><b><u>Secondary Parent</u></b></p> <p>First Name _____ Initial _____ Last Name _____</p> <p>Home Phone _____ Work Phone _____</p> <p>Message, Cell or Pager _____ DOB _____</p> <p>Email address _____</p> <p>Married Y / N _____</p> <p>Gender M / F _____ Primary Language _____</p> <p>Single Parent? Y / N _____</p> <p>CPS Y / N _____</p> <p>Family Size _____ Ethnicity _____</p>	<p><b><u>Reason for Care</u></b></p> <p><input type="checkbox"/> Incapacitated      <input type="checkbox"/> Looking for Work</p> <p><input type="checkbox"/> Working      Zip: _____</p> <p><input type="checkbox"/> Education/Training      Zip: _____</p> <p>Name of College or Community College: _____</p> <p><i>Data entry: If UC Berkeley must enter UC Berkeley on Preference screens.</i></p> <p>Monthly Gross Income: \$ _____</p> <p>Income Source: _____</p> <p>Ever a CalWORKs recipient? Y / N _____</p> <p>If yes, date of last check: _____</p> <p>CalWORKs Deferment? Y / N _____</p> <p>Date: _____</p>	
<p><b><u>Child 1</u></b></p> <p>Family Type: Standard / Foster / Guardian</p> <p>First Name _____ Initial _____ Last Name _____</p> <p>Gender: M / F _____ DOB: _____</p> <p>Schedule: Full / Part Day _____</p> <p>Exceptional Need? IEP / IFSP _____</p> <p>Currently receiving subsidized care? Y / N _____</p> <p>Agency _____</p> <p>Ethnicity _____</p>	<p><b><u>Child 2</u></b></p> <p>Family Type: Standard / Foster / Guardian</p> <p>First Name _____ Initial _____ Last Name _____</p> <p>Gender: M / F _____ DOB: _____</p> <p>Schedule: Full / Part Day _____</p> <p>Exceptional Need? IEP / IFSP _____</p> <p>Currently receiving subsidized care? Y / N _____</p> <p>Agency _____</p> <p>Ethnicity _____</p>	
<p><b><u>Child 3</u></b></p> <p>Family Type: Standard / Foster / Guardian</p> <p>First Name _____ Initial _____ Last Name _____</p> <p>Gender: M / F _____ DOB: _____</p> <p>Schedule: Full / Part Day _____</p> <p>Exceptional Need? IEP / IFSP _____</p> <p>Currently receiving subsidized care? Y / N _____</p> <p>Agency _____</p> <p>CalWORKs Stage One? Y / N _____</p>	<p><b><u>Child 4</u></b></p> <p>Family Type: Standard / Foster / Guardian</p> <p>First Name _____ Initial _____ Last Name _____</p> <p>Gender: M / F _____ DOB: _____</p> <p>Schedule: Full / Part _____</p> <p>Exceptional Need? IEP / IFSP _____</p> <p>Currently receiving subsidized care? Y / N _____</p> <p>Agency _____</p> <p>CalWORKs Stage One? Y / N _____</p>	