  
  
DICKSON COUNTY SCHOOLS  
Pre-K Peer Request Form

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For School Year: 2024-2025  
Child’s Name (first, last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Gender: \_\_\_\_Male \_\_\_\_Female

Requested School: \_\_\_\_CES \_\_\_\_CENT \_\_\_\_OES \_\_\_\_WBES \_\_\_\_SBES

Requested Class (by age): \_\_\_\_3 \_\_\_\_4  
  
Requested Session: \_\_\_\_\_AM (7:45 – 10:45) \_\_\_\_\_PM (11:30 – 2:30)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A typical peer models age appropriate speech, language, social/emotional, adaptive, and behavioral skills, for children with delays in the classroom. All peer applicants will be scheduled for a screening appointment in May 2024 before acceptance into the program. \*School registration should not be completed until after the screening, once confirmation is given.   
  
Please answer the following:

1. Does the child receive any kind of therapy? \_\_\_\_\_\_\_\_\_\_  
   Example: Speech / Language Therapy, Occupational Therapy, Physical Therapy, ABA
2. Is the child completely toilet trained? \_\_\_\_\_\_\_\_\_
3. Is parent/guardian an employee of Dickson County Schools? \_\_\_\_\_\_\_\_\_\_\_\_  
   \*If YES, please indicate school / department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. I understand Peer Tuition is $20/week \_\_\_\_\_\_\_\_\_\_\_
5. I understand I must provide transportation to / from school each day AND that if my child attends the Pre-K Peers Program at a school where he/she is not zoned, they should expect to return to their zoned school for Kindergarten. \_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FOR CENTRAL OFFICE USE ONLY**:  
Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Screening Date / Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Placement / Notification Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_