



DICKSON COUNTY SCHOOLS Pre-K Peer Request Form

Submit to preschoolapplications@dcstn.org

Date: _____

For School Year: **2025-2026**

Child's Name (first, last): _____

DOB: _____

Gender: ____Male ____Female

Requested School: ____CES ____CENT ____OES ____WBES ____SBES

Requested Class (age on August 15th): ____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 on May 2, 2025 before acceptance into the program. *School registration through Skyward should NOT be completed until after the screening, once classroom teacher instruction is given.

Please answer the following:

1. Does the child receive any kind of therapy? YES NO

If yes, what type? _____

Example: Speech / Language Therapy, Occupational Therapy, Physical Therapy, ABA

2. Is the child completely toilet trained? YES NO

3. Is the parent/guardian an employee of Dickson County Schools? YES NO

*If YES, please list school / department: _____

4. I understand Peer Tuition is \$20/week (initial) _____

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. (initial) _____

Comments:

FOR CENTRAL OFFICE USE ONLY:

Date Received: _____

Screening Date / Results: _____

Placement / Notification Sent: _____