



104 N Rose Hill Rd

Mrs. Rachel Dalinghaus

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Rose Hill, KS 67133-9785

Principal

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February 2023

Dear Parents,

The 3-year-old Rocket Launch program is a half-day program meeting Monday-Thursday and begins August 2023. There are different qualifiers for our program. Selections for participation in the program will be based upon those children demonstrating the most need for Pre-K experiences. All students will participate in a developmental screening process in the Spring of 2023 to determine if they qualify. Listed below are the qualifiers for our State Pre-K program.

Children who are three years old on or before August 31, 2023, and meet at least one of the following criteria may participate. State Pre-K enrollment is limited at this time and selections for participation in the program will be based upon those who show the most need for services. The criteria for participation include:

1. Qualifies for the [free lunch program](#) under National School Lunch Program/ KSDE Household Economic Survey (On or before September 20, 2023)
2. Single Parent Families (On the first day of school, the custodial parent is unmarried.)
3. DCF referral (The referral must describe the need for attendance and document the agent's signature.)
4. Teen Parents (At least one parent was a teen when the child was born.)
5. Either parent is lacking a high school diploma or GED (On the first day of school, either parent lacks a high school diploma or GED.)
6. Limited English Proficiency (LEP status must be documented.)
7. Lower than expected developmental progress. (*Based on a valid assessment, a delay is present in one of these areas: cognitive development, physical development, communication/literacy, social-emotional/behavior, adaptive behavior/self-help skills -- based on a screening.)
 - ***(Criterion 7 is NOT used to determine if children who have an IEP are also at-risk. Only criteria 1-6 and 8-9 are utilized as qualifiers for IEP students.)**
8. Child qualifies for migrant status (There must be a copy of the Certificate of Eligibility on file.)
9. Child experiencing homelessness (Residence of Homeless Student must be completed in the KIDS Collection System & the student must be included on the district's official homeless list.)

Please Note: Given that this is a specialized program, resident students meeting eligibility will be given first priority in filling open slots. Out of District students desiring participation may submit a criteria checklist/interest form and an Out of District Waiver form (please contact the school office for the ODW document or it can be located on the district website). Out of district students meeting eligibility will be contacted regarding participation once space availability is determined.

If you are interested in having your child participate in our Rocket Launch Preschool program, please complete the Criteria Checklist/Interest Form on page two and return it to the Primary Office. Once submitted, you will be contacted by the office to schedule a screening. Please feel free to contact the Primary office at 776-3340 if you have any questions.

Sincerely,

Rachel Dalinghaus, Principal
Jayden Chickadonz, Teacher
Caitlynn Loewer, Teacher

Our Mission:

The mission of Rose Hill Primary School is to do our best and learn all we can for the years ahead.

Rose Hill Primary School 2023-2024 School Year
Rocket Launch State Pre-Kindergarten / 3 Year Old Program
Criteria Checklist/Interest Form

Child's Name (First, Middle, Last): _____

Address: _____

Birth date: _____ Please Circle: Male Female

Mother/Guardian's name: _____

Mother's home phone: _____ Other phone: _____

Father/Guardian's name: _____

Father's home phone: _____ Other phone: _____

Student resides with: Mother Father Both parents

Email address: _____

Does your child qualify for the Free Lunch program based on the [Federal Income Chart](https://www.fns.usda.gov/cn/fr-021622)? Yes No Unknown

Is your child currently living in a single parent home (per state criteria, on the first day of school, the custodial parent is unmarried)? YES NO

Age of parents at time of child's birth: Mother: _____ Father: _____

Highest level of education that parents completed: (example, high school grade, GED, high school diploma, college, etc.)

Mother: _____ Father: _____

Language spoken at home (if not English): _____

Has your child been through an Early Childhood Assessment or been to a Count Your Kid in screening? Yes No

If yes, Where? _____ When? _____

Is your child currently on an IEP? Yes No

Parent's Signature: _____ Date: _____

OFFICE USE ONLY:

Qualifying Criteria:

Poverty _____ Single parent _____ Teenage Parent _____ Education _____ ELL _____

Developmental Screening _____ DCF _____ Migrant _____ Homeless _____