



**Special Services Center**  
Shelby County Schools  
2284 Hwy 35, Pelham, AL 35124  
Phone 205/682-5850 \* Fax 205/682-5855

**Preschool Program Application**  
**2022-2023 School Year**

Shelby County Schools is offering a preschool program at Linda Nolen Learning Center (LNLC), located at 2280 Hwy 35, Pelham, AL 35124. This program was created to provide services to a specific population of children with special needs. Children without special needs will also be allowed to attend the program. The hours will be from 8 am -12 pm Monday through Friday. Tuition will be \$200 per month beginning in August and ending in May. The program will follow the school calendar. **Applications will be accepted until all slots are filled. Parents will be notified by mail of the child's acceptance into the program.** A \$20 non-refundable registration fee will be required upon acceptance. Registration is required for students without special needs. Students with special needs will have placement decisions based on their Individualized Educational Plan (IEP). If your child has a disability, or you suspect developmental delays, please call our PK Department at 205-682-5850.

**Student Name** \_\_\_\_\_  
Last First Middle Today's Date

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female Student's Primary Language: \_\_\_\_\_

Student's Physical Address: \_\_\_\_\_

**Please select the appropriate person with whom the student resides:**

\_\_\_ Mother \_\_\_ Step-mother \_\_\_ Other: \_\_\_\_\_ Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

\_\_\_ Father \_\_\_ Step-father \_\_\_ Other: \_\_\_\_\_ Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: Mother \_\_\_\_\_ Father \_\_\_\_\_

By signing below, I certify that my child meets the minimum criteria:

1. Will be three years old on or before September 1,
2. Will not be five years old on or before September 1,
3. Does not currently have an active IEP.

\_\_\_\_\_  
Parent/Guardian Signature

Received Date: \_\_\_\_\_ Number Assigned: \_\_\_\_\_ Notes: \_\_\_\_\_

4020-12-4-7260-000-0035-7101-0-0000-4111 (preschool program)

**Dr. Marla D. Aldrich, Special Education & 504 Coordinator**  
**Ms. Sharyn W. Hillin, Special Education & 504 Supervisor**