



# Pre-Kindergarten Application

<b>For Campus Use Only:</b>	<b>Student ID#:</b> _____
_____ Based on the information presented on this form, the student qualifies for Pre-K services.	
_____ Parent states student does not meet any criteria for free half-day Pre-K at this time.	

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

\_\_\_\_\_ (Parent/Official Guardian Name) \_\_\_\_\_ (Address) \_\_\_\_\_ (Telephone Number)

State legislation provides a half-day Pre-K program for children who will be 4 years of age on or before September 1, if they meet one or more of the following criteria listed below according to [TEC §29.153(b)] (EHBG Legal).

Parent/Guardian: Please check the appropriate box below for which you would like to qualify your child for Pre-K. Children may qualify for more than one of the areas below (also see criteria # 4 – 6 listed on the reverse of this form):

#	Criteria (Parent/Guardian: Please check the appropriate box below)	Documentation Needed for Verification
1 <input type="checkbox"/>	<p><b>The child is educationally disadvantaged:</b> Family receives food stamps through the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance to Needy Families (TANF), or receives Medicaid and has an Eligibility Determination Group number (EDG #).</p>	<p>Please provide the Eligibility Determination Group number found on your SNAP, TANF or Medicaid approval letter:  <b>EDG #:</b> _____</p> <p><b>A Copy of the benefits letter will be required.</b></p>
2 <input type="checkbox"/>	<p><b>The child is educationally disadvantaged:</b> Eligible to participate in the National Free or Reduced Price Lunch Program based on <u>household</u> income.            All household income must be included:</p> <ul style="list-style-type: none"> <li>• Gross earnings (before deductions) - Include wages, salaries, tips, unemployment compensation, self-employment income, etc.</li> <li>• Payments from welfare, child support, alimony, pensions, retirement, and social security.</li> <li>• Any other income (disability benefits, interest/dividends, etc.)</li> </ul>	<p><b>Must provide school with the following:</b></p> <ul style="list-style-type: none"> <li>• <b>Total household size (include the <u>total</u> number of members living in your residence) :</b> _____</li> <li>• <b>Total <u>monthly</u> household income (<u>combined</u> income of <u>all</u> members living in your residence):</b> \$ _____</li> <li>• <b>Parent to complete a Pre-Kindergarten Income Eligibility form and turn in written documentation for proof of income.</b></li> </ul>
3 <input type="checkbox"/>	<p>The child is homeless according to [42 USC § 11302].</p>	<ul style="list-style-type: none"> <li>• Complete Student Residency Questionnaire (Campus to forward completed Questionnaire to district Homeless Liaison).</li> </ul> <p>Parent/Guardian, please complete the information found above for criteria #1 or # 2 of this page.</p>

**My signature indicates that all of the information provided on this form is true and correct and that all income is reported if qualifying under criteria #2. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on this application; and that deliberate misrepresentation of the information may subject me to prosecution under the applicable State and Federal laws.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**For Campus Use Only:**

**Student ID#:** \_\_\_\_\_

\_\_\_\_\_ Based on the information presented on this form, the student qualifies for Pre-K services.

\_\_\_\_\_ Parent states student does not meet any criteria for free half-day Pre-K at this time.

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#	Criteria (Parent/Guardian: Please check the appropriate box below)	Documentation Needed for Verification
4 <input type="checkbox"/>	<p><b>The child has a parent or official guardian that is an active duty member of the armed forces of the United States, including the state military forces or a reserved component of the armed forces, who is ordered to active duty by proper authority. This includes uniformed service members who are Missing in Action (MIA).</b></p> <p style="text-align: center;">or</p> <p><b>The child has a parent or official guardian that is member of the armed forces of the United States, including the state military forces or a reserved component of the armed forces, was injured or killed while serving on active duty.</b></p>	<p><b><u>To be completed by school personnel:</u></b></p> <p>Date school official verified Department of Defense photo ID for active duty service members: _____</p> <p>Printed Name of school official: _____</p> <p>Signature of school official: _____</p> <p>(Campus to attach applicable documentation, if anything <u>other</u> than Department of Defense ID is provided; statement of service, copy of death certificate, purple heart orders or citation, line of duty determination, or official letter from a commander)</p>
5 <input type="checkbox"/>	<p><b>The child (foster) who is or has been in the conservatorship of the Department of Family and Protective Services following an adversary hearing related to child custody. This includes children returned to home, kinship placement, and adoptions.</b></p>	<p>Please attach verification letter of Pre-K eligibility from DFPS or other official documentation showing the child is or was under DFPS care.</p>
6 <input type="checkbox"/>	<p><b>The child has a parent or official guardian who is eligible for the Star of Texas Award as:</b></p> <ul style="list-style-type: none"> <li>a. <b>A peace officer under Section 3106.002, Government Code;</b></li> <li>b. <b>A firefighter under Section 3106.003, Government Code; or</b></li> <li>c. <b>An emergency medical first responder under Section 3106.004, Government Code.</b></li> </ul>	<p>Copy of the Star of Texas Award Certificate</p>

\_\_\_\_\_ **Approved:** I verify the qualifying documentation for criteria #4, #5, or #6 listed above has been reviewed and will be kept in the student's cumulative folder.

**Signature of Principal or Assistant Principal:** \_\_\_\_\_ **Date:** \_\_\_\_\_

A child that is unable to speak and comprehend the English language may also qualify for Pre-K services. The Enrollment Center will complete documentation for those students that qualify for Bilingual/ESL services and will forward the information to the assigned campus.

**To be filled out by Parent only if student does not meet any of the criteria #1 – 6 listed on this form:**

I have reviewed the eligibility criteria and my child does not meet these qualifications for the free half-day Pre-K program at this time. I understand if there is a change that would allow my child to qualify, I may request a new Pre-K Application from the school office at any time.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_