



# North East Independent School District

## APPLICATION FOR PRE-KINDERGARTEN

**NOTE: This is not an application for free or reduced priced meals**

Texas Education Code §29.153 lists qualifications of children for Pre-Kindergarten programs. The child whose name appears below is applying to be considered for entry into the North East Independent School District's Pre-Kindergarten program. Pre-Kindergarten classroom assignments will be based on the child's home language. Please complete the application by **printing** the required information. Throughout the application, parent denotes a parent or guardian.

**Criteria for admittance:**

Child will be 4 years of age on or before September 1 of 2009 and is a resident of NEISD

Child meets immunization requirements, and also meets at least one of the following conditions:

- Child is unable to speak and comprehend the English Language (Home Language Survey must be completed, child must be tested for English acquisition, child must qualify for the program), or
- Child is homeless, as defined by [42 USC 11302], or
- Child is educationally disadvantaged (income eligible for free or reduced lunch or food stamps), or
- Child meets the criteria for parent serving on active duty in the armed forces, including a child of a member who was hurt or killed on active duty, or
- Child is or ever has been: in the conservatorship of the Department of Family and Protective Services following an adversary hearing, in foster care, adopted or returned to parent custody by DFPS.

**Section 1:**

**PLEASE PRINT**

Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's SS #: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Total Number in Household: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Household Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Section 2:**

(Documentation will be required.)

1. Is your child UNABLE to speak and comprehend the English language?  Yes  No
2. Is your child currently homeless?  Yes  No
3. Are you eligible for food stamps? (Must have current Notice of Eligibility.)  Yes  No  
If yes, provide active food stamp case number: \_\_\_\_\_
4. Is one parent of the child serving in the armed forces on active duty or was one parent hurt or killed while on active duty?  Yes  No
5. Is or has the child ever been in the conservatorship of the Department of Family and Protective Services following an adversary hearing? (including children who have experienced foster care, adoption or return to parent custody after conservatorship)  Yes  No

***If "Yes" is checked for any of the above items, please go to Section 4, skipping Section 3.***

**Section 3:** (If you checked "Yes" to any answers in Section 2, skip this section and go to Section 4)

<u>Household Member:</u>	<u>Gross Income:</u>	<u>How Paid:</u>	<u>Other Income:</u>	<u>How Paid:</u>
1. _____	\$ _____	year month week	\$ _____	year month week
2. _____	\$ _____	year month week	\$ _____	year month week
3. _____	\$ _____	year month week	\$ _____	year month week
4. _____	\$ _____	year month week	\$ _____	year month week
5. _____	\$ _____	year month week	\$ _____	year month week
6. _____	\$ _____	year month week	\$ _____	year month week
7. _____	\$ _____	year month week	\$ _____	year month week

Please add any additional household member's name and income on the back side of this page of the application.

Grand total of gross household income: \_\_\_\_\_ (Income BEFORE any deductions)

**Section 4:**

*Please read the following paragraph, sign and date the application, and return it to your child's school.*

I understand that school officials will verify the information on this application. If the investigation indicates false information has been provided and the child is not eligible to participate in the program at the time of this application, the child may be withdrawn from the program to make room for a child who is eligible. I certify that all of the above information is true and correct and that all income is accurately reported. I understand that this information is being given for the receipt of funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**For school officials only:**

**Approved:** \_\_\_\_\_ **Denied** \_\_\_\_\_

**Home Campus:** \_\_\_\_\_ **Cluster Campus:** \_\_\_\_\_

**School official accepting and verifying form:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Please print your name)*

If denied, keep this application in a file in the main office of the home campus.

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**THIS SECTION TO BE COMPLETED BY NEISD SCHOOL PERSONNEL:**

(Home campus)

APPROVAL BASED ON: (please attach copies of required documentation)

\_\_\_\_\_ English Language Learner (ELL)

- Home Language Survey must indicate child hears/speaks a language other than English at home.
- Child has been tested with oral English assessment (Attach proof of assessment and scores. A score of non-English speaking OR limited English speaking statement indicates eligibility as ELL.)
- Parent must sign Notification of Enrollment in Bilingual/ESL Program.

\_\_\_\_\_ Homeless (McKinney form)

- Child lacks a fixed, regular, and adequate residence.
- Primary nighttime residence is a supervised public or private shelter designed to provide temporary living accommodations, or an institution that provides temporary residence for individuals intended to be institutionalized.
- Primary nighttime residence is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

\_\_\_\_\_ Educationally Disadvantaged (copies needed)

- Attach copies of the paycheck stubs for a pay period **within the past 60 days** or attach a letter from employer stating gross wages paid and how often they are paid.
- OR  
Attach copy of current Food Stamp Eligibility letter.

\_\_\_\_\_ Active Duty Eligibility (copies needed)

- Attach DOD photo ID or statement of service letter or commander letter or death certificate or DOD form or Casualty Office memo or Purple Heart citation or Copy of Line of Duty Determination.

\_\_\_\_\_ DFPS Eligibility (copies needed)

- Attach documentation indicating that the child is or ever has been in the conservatorship of the Department of Family and Protective Services following an adversary hearing. DFPS verification letters for Pre-K eligibility are acceptable.
- Includes children who are in foster care, have been adopted or have been returned to parent custody after conservatorship.

\_\_\_\_\_ Birth Certificate (Proof of age required)

\_\_\_\_\_ Child's Social Security Number (optional)

\_\_\_\_\_ Proof of Address (electricity, gas, or water bill; apartment - lease agreement with student's name listed, etc. required unless homeless)

\_\_\_\_\_ Immunization Records (Clinic record, doctor's statement, or proof of exempt status required)

\_\_\_\_\_ Copy made of parent's valid driver's license

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Denied**

**If denied, keep this application in a file in the main office of the home campus.**

**If approved, cluster campus faxes the three pages of the Application for Pre-Kindergarten to Linda Hamilton or June Holder, Curriculum Compliance – fax 804-7290.**

School official accepting and verifying form: \_\_\_\_\_

Date: \_\_\_\_\_ Cluster Pre-K Campus: \_\_\_\_\_

Home Campus: \_\_\_\_\_

**If approved for Pre-K, cluster campus keeps original application in child's pink audit folder located in the cumulative folder.**

