



North East Independent School District

APPLICATION FOR PRE-KINDERGARTEN

NOTE: This is not an application for free or reduced priced meals, please ask the campus staff for a separate application.

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 NEISD 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 2011 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 section 1143a], or
- Child is educationally disadvantaged (eligible by income for free or reduced lunch program, TANF or SNAP [food stamps]), or
- Child's parent is 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 or TANF? (Must have current Notice of Eligibility.) Yes No
If yes, provide active food stamp (SNAP) or TANF 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 home campus officials only:

Approved: _____ **Denied** _____

Home Campus: _____ **Cluster Campus:** _____

School official accepting and verifying form: _____ **Date:** _____

(Please print your name)

If denied, keep this application on file in the main office of the home campus for 5 years.

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 copy of cover of English language testing. 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 of enrollment** or attach a letter from employer stating gross wages paid and how often they are paid.
- OR
- Attach copy of current Food Stamp (SNAP) or TANF Eligibility letter.

_____ Active Duty Eligibility (copies needed)

- DoD photo ID (no copy) 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 on file in the main office of the home campus for 5 years.

If approved, cluster campus will scan entire PK application and documentation of eligibility into Docuware per district procedures.

<p>Staff only: DoD ID is verified:</p> <p>_____</p> <p style="text-align: center;">initial and date</p>
--

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