

# Executive Office on Early Learning (EOEL)

## Public Prekindergarten Program Application for School Year 2019 – 2020

**Our Nānākuli Elementary Staff can help to complete.**

Please submit your application with the required documents to the school (see page 6).

Note: We are unable to review applications that do not have the required documents attached.

### Eligibility

- Your child must be age four on or before July 31 of the current school year.
  - For school year 2019 - 2020, your child's birthday must fall on or between August 1, 2014 - July 31, 2015.
- In addition to the age requirement, priority is provided to children who fall under one of the following categories, such as those listed below. Please check all that apply:
  - Monthly/Yearly Gross Family Income at or below 300% of the Federal Poverty Guidelines (see page 2\*)  Foster Care
  - Individuals with Disabilities Education Act  Homeless, see page 3\*  English Learner (see "Language Information" section)

\*see "Application Packet"

### Student Information

Name of School Applying To <b>Nānākuli Elementary School</b>			
Student's Legal Name	Birth Date	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Residence Address	City	Zip Code	
Mailing Address (if different from residence address)	City	Zip Code	

### First Parent/Legal Guardian Information

First Parent/Legal Guardian Name		Relationship to the Child	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	
Residence Address	City	Zip Code	
Mailing Address (if different from residence address)	City	Zip Code	
Home Phone Number	Cell Phone Number	Additional Phone Number	
Email Address			

### Second Parent/Legal Guardian Information - Not Applicable

Second Parent/Legal Guardian Name		Relationship to the Child	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	
Residence Address	City	Zip Code	
Mailing Address (if different from residence address)	City	Zip Code	
Home Phone Number	Cell Phone Number	Additional Phone Number	
Email Address			

### Language Information

Select a letter from the list of language codes and fill in the blanks below.

\_\_\_\_\_ Student's First Acquired Language      \_\_\_\_\_ Language Most Often Spoken at Home      \_\_\_\_\_ Language Most Often Used by Student

A – English	F – Cebuano/Visayan	K – Vietnamese	P – Fijian	U – Pangasinan	Z – Other (Specify): _____
B – Cantonese	G – Hawaiian	L – Chuukese	Q – Hmong	V – Portuguese	
C – Mandarin	H – Japanese	M – Pohnpeian	R – Lao	W – Spanish	
D – Ilocano	I – Korean	N – Cambodian	S – Marshallese	X – Thai	
E – Tagalog	J – Samoan	O – Chamorro	T – Pampango	Y – Tongan	

### Verification

I hereby certify that the information provided in this application and in the supporting documents is complete and true to the best of my knowledge. I agree to provide additional information and documentation upon request to complete my application.

First Parent/Legal Guardian Signature	Date
Second Parent/Legal Guardian Signature	Date

**SCHOOLS MUST COMPLETE THIS SECTION – PART I**

<b>Student Information</b> Student's Legal Name _____ Birth Date _____	<b>Completed Application and Required Documents Reviewed/Received</b>	
	Date	Notes
	Time	
<b>School's Initial Receipt of Application</b> Date _____ Time _____	<input type="checkbox"/> School Office returned incomplete application and supporting documents to Parent/Legal Guardian on Date: _____ <input type="checkbox"/> Parent/Legal Guardian contacted regarding incomplete application and supporting documents on Date: _____	

**SCHOOLS MUST COMPLETE THIS SECTION – PART II**

<b>Required Documents submitted</b> _____ Birth Certificate or Passport _____ Financial Documents	<b>Eligibility: Age Requirement</b>	<b>If not approved:</b>	Notes
	Approved	Under Age	
	Not Approved	Over Age	
<b>Home School</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If child lives outside the school's geographic area, list child's home school: _____			
<b>Complete Attachment A for IDEA Services</b> <input type="checkbox"/> Completed (submit current Attachment A) <input type="checkbox"/> Not Applicable (child currently not receiving IDEA services)			
<b>Note: DO NOT forward to EOEL without required documents and approval/non-approval for age.</b>			
Reviewer's Name _____			
Reviewer's Signature _____			Date _____

**EOEL MUST COMPLETE THIS SECTION**

Date Received	Income <input type="checkbox"/> Meets <input type="checkbox"/> Exceeds FPG <input type="checkbox"/> N/A _____	<b>Program Application</b> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved: <input type="checkbox"/> Does not meet age requirement <b>OR</b> <input type="checkbox"/> Does not fall under any of our priority categories		
Meets Priority Categories for Program <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then list: _____	<b>Change of Eligibility (if applicable)</b> <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Date: _____ Reason: _____			
Notes				
EOEL Reviewer's Name	Date	EOEL Administrator's Name	EOEL Administrator's Signature	Date

**FOR SCHOOL USE – APPLICATION STATUS**

**School office has sent to parent/legal guardian:**

Approval letter (template provided by EOEL)

Denial letter (provided by EOEL)

Wait list letter (template provided by EOEL)

Wait list # \_\_\_\_\_