



## Pre-kindergarten Qualification Application

2019-2020 Pre-K session Preference 1. 2.

Child's Name	
Parent's/Official Guardian's Name	
Names of All Household Members (including child being registered)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
Household Total # _____	

State legislation provides a half-day prekindergarten program for children who will be 4 years of age on or before September 1st. **Please check one of the following boxes below.** Children may qualify for more than one of the areas listed below.

- The child is unable to speak and comprehend the English language. Must complete Home Language Survey and child must qualify on the Pre-IDEA Proficiency Test (Pre-IPT).  
OR
- The child is educationally disadvantaged: Eligible to participate in the National Free or Reduced-Price Lunch Program based on family income.  
OR
- The child is educationally disadvantaged. Eligible by having a Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF) Eligibility Group Number (EDG#).  
OR
- The child is homeless, as defined by 42 U.S.C. Section 11302.  
OR
- 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). (Form of Department of Defense photo ID active duty service members, a statement of service, copy of death certificate, purple heart orders or citation, line of duty determination, or official letter from a commander.)  
OR
- The child has ever been in the conservatorship (foster care) on the Department of Family and Protective Services (DFPS), as well as children in a conservatorship as a result of an adversary hearing. This includes children returned to home, kinship placement, and adoptions.  
OR
- The child has a parent eligible for the Star of Texas Award as:
  - A peace officer under Section 3106.002, Government Code;
  - A firefighter under Section 3106.003, Government Code; or
  - An emergency medical first responder under Section 3106.004, Government Code.
- None Applicable

Signature: \_\_\_\_\_



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

**Part 1—Employment Income**

1. Write the names of each person living in your household. For any person not receiving income, put a 0 in the appropriate column. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
2. List the **GROSS** income (before taxes and deductions) for each household member. Also list the amount from all other sources listed in the chart below and any other income.

To figure Monthly Income: Weekly x 4.33   Every 2 weeks x 2.15   Twice a Month x 2

Names of All Household Members		Monthly Income (Before Deductions)	Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Any other Monthly Income
Last Name	First Name				
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

Total Monthly Income: \_\_\_\_\_

**Part 2: Signature \*\*\*ALL applicants complete this part\*\*\***  
*All applications must have the signature of the Parent/Official Guardian of student applying.*

I certify that all of the information provided on this form is true and correct and that all income is reported, if needed. 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 applicable State and Federal laws.

\_\_\_\_\_  
 Signature of Parent/Official Guardian    Date

\_\_\_\_\_  
 Printed Name