

Silsbee ISD Prekindergarten Eligibility Form 2021-2022

SECTION 1. COMPLETE STUDENT INFORMATION

Student's Full Name:			
LAST NAME	FIRST NAME	MIDDLE NAME	
Address:		City:	Zip Code:
Home Phone Number:	Cell/Work Phone Number:	Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F

SECTION 2. CHOOSE QUALIFIER:

<input type="checkbox"/>	1. Tuition Based; or	*Skip to Section #4
<input type="checkbox"/>	2. Unable to speak and comprehend the English language; or	*Language Testing completed by the child's home campus.
<input type="checkbox"/>	3. Educationally Disadvantaged (qualify for the National Free/Reduced Lunch Program or receive Medicaid Free or Medicaid Reduced); or	*Completed income chart below. *Copy of last pay statements (dated no earlier than July 2018) confirming eligibility. *Submitted Federal Lunch Form at the beginning of the 2018-2019 school year.
<input type="checkbox"/>	4. Homeless, as defined by 42 USC Section 11302, regardless of the residence of either parent of the child; or	*Completed McKinney Vento Form indicating that the child's residence status is considered homeless by the guidelines stated.
<input type="checkbox"/>	5. Child of an active duty member of the armed forces of the US, including the stated military forces who is ordered to active duty by proper authority; or	* Visual verification of parent's Military ID (copies cannot be made of Military IDs) *Administrator or Registrar: initial and date here upon visual verification: _____; OR *Copy of Military Statement of Service.
<input type="checkbox"/>	6. Child of a member of the armed forces of the US, including the state military forces or a reserve component of the armed forces who was injured or killed while serving on active duty; or	*Enrollment letter from DFPS stating that the child is eligible for PK services; OR *Documentation from DFPS stating that child is currently in Foster Care.
<input type="checkbox"/>	7. Child is, or ever has been, in conservatorship of DFPS following an adversary hearing held as provided by Section 262.201, Family Code; or	*Enrollment letter from DFPS stating that the child is eligible for PK services; OR *Documentation from DFPS stating that child is currently in Foster Care.
<input type="checkbox"/>	8. Child of a person eligible for the Star of Texas Award (Peace Officer, Firefighter or EMT)	*Certificate awarded to an individual serves as proof of eligibility.

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, FDPIR, Medicaid Free, Medicaid Reduced?

If NO, Go to Section 3	If YES, write the EDG Number	Eligibility Determination Number in this space _____	Skip Section 3	Go to Section 4 to complete application.
----------------------------------	------------------------------------	--	--------------------------	--

*****If qualifying under Qualifier Number 1, 3, 4, 5, 6 or 7 **STOP HERE*******

SECTION 3. IF QUALIFYING FOR ELIGIBILITY #2: Complete the chart below and attach Income Verification.

A. Name List EVERYONE living in the household, including adults and minors.	B. Income and how often it is received Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M)				C. Check box if NO Income
	Earnings from work before deduction	Welfare, Child Support, Alimony	Pensions, Retire	Other Income	
Example: Smith, Jane	\$200/E	\$50/M			<input type="checkbox"/>
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>

4. I certify (promise) that all information is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal Funds, and that school officials may verify (check) the information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Printed Name of Adult Completing the Form

Signature of Adult Completing the Form

Today's Date

OFFICE USE ONLY

Circle Qualifier #: 1 2 3 4 5 6 7 8	APPROVED _____	DENIED _____
Administrator's Signature for Approval: _____		Date: _____

