Eligibility for Prekindergarten PK3/PK4 Program

STUDENT NAME _____ **SCHOOL YEAR**: _____-_____

STUDENT DATE OF BIRTH* _____ ☐ **MALE** ☐**FEMALE**

** A child must be at least three years of age on or before September 1 of the current school year (PK-3 Program) or four years of age on or before September 1 of the current school year (PK-4 Program).*

PARENT/GUARDIAN NAME _____

HOME TELEPHONE (____) _____ **CELL PHONE** (____) _____

ADDRESS: PHYSICAL _____ MAILING: _____

ETHNICITY: *PLEASE CHECK ONE:* ☐ HISPANIC ☐ AMERICAN INDIAN ☐ ASIAN ☐ PACIFIC ISLANDER ☐ AFRICAN AMERICAN ☐ CAUCASIAN

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☐ **LIMITED ENGLISH PROFICIENT** *Student does not speak or comprehend the English Language.*

☐ Home Language Survey completed.

☐ Oral Language Proficiency Test administered.

Date: _____ By _____ Results: _____

Eligible?☐ Yes ☐ No **Documentation on file?** ☐ Yes ☐ No

☐ **FOSTER CHILD** *Student is a foster child or has ever been a foster child in the custody of DFPS.*

Eligible? ☐ Yes ☐ No **Documentation on file?** ☐ Yes ☐ No

☐ **STAR OF TEXAS AWARD** *defined as a person who has been awarded the Star of Texas Award and has presented as proof, one of the following pieces of documentation:*

- *Resolution Certification*
- *Letter from the Governor*
- *Letter from local representative (State representative from the Texas House or Senate)*

Peace Officer?☐ Yes ☐ No

Firefighter? ☐ Yes ☐ No

Emergency Medical 1st Responder? ☐ Yes ☐ No

Eligible? ☐ Yes ☐ No **Documentation on file?** ☐ Yes ☐ No

☐ **PK Child of LEA Classroom Teacher** *Classroom teacher is an educator who is employed by an LEA and who, not less than an average of four hours each day, teaches in academic instructional setting or a career and technology instructional setting.*

Eligible? ☐ Yes ☐ No **Documentation on file?** ☐ Yes ☐ No

☐ **HOMELESS** *as defined by 42 U.S.C. Section Part B §11434(a)*

☐ The student lacks a regular, fixed, or adequate nighttime residence *and/or*

☐ The student has a primary nighttime residence that is a shelter providing temporary living accommodations, an institution, or a place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

Eligible? ☐ Yes ☐ No **Student Residency Questionnaire on file?** ☐ Yes ☐ No

☐ **MEMBER OF THE ARMED FORCES** *Active-duty member, member, MIA or KIA*

Military ID #_____ *Do not make copies of Department of Defense ID cards*

Verification of Military was made by: _____

Signature_____

Eligible? ☐ Yes ☐ No **Verification of Military ID?** ☐ Yes ☐ No

☐ **ECONOMICALLY DISADVANTAGED** *Student is eligible to participate in the National School Lunch/Breakfast Program.*

☐ Student is eligible for national School Lunch/Breakfast Program.

Total Household Size _____

Total Monthly Household Income $_____

All family income must be included:

- Gross earnings ([before deductions] wages, salaries, tips, unemployment compensation, self-employment income, etc.)
- Payments for welfare, child support, alimony, pensions, retirement, social security
- Any other income (disability benefits, interest/dividends, etc.)

OR

☐ Family receives food stamps (*SNAP*). # _____

☐ Family receives TANF (*formerly AFDC*). # _____

Eligible? ☐ Yes ☐ No **Documentation on file?** ☐ Yes ☐ No

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☐ STUDENT **QUALIFIES** FOR PK ☐ **NO AVAILABILITY**

ADA Code: ☐ 2 Eligible Half Day

☐ 6 Transfer Half Day

☐ STUDENT **DOES NOT QUALIFY** FOR PK

ADA Code: ☐5 Ineligible Half Day

VERIFIED BY: *CAMPUS ADMINISTRATOR NAME*: _____

CAMPUS ADMINISTRATOR SIGNATURE: _____

DATE VERIFIED: _____/_____/_____

Note: Explore all other options before considering PK-Eligibility Previous Year. It should be a last resort.