

# APPLICATION FOR PREKINDERGARTEN, 2013-2014

## Houston Independent School District

S 29.153 of the Texas Education Code lists qualifications of children for prekindergarten programs. The child whose name appears below is applying to be considered for entry into the Houston Independent School District's prekindergarten program. Prekindergarten classroom assignment will be based on the child's home language. Please complete the application by **printing** the required information.

**Criteria for admittance:**

Child will be 4 years of age on or before September 1, 2013.

Child is a resident of the Houston Independent School District.

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), or
- Child is homeless, as defined by [42 USC 11434a], or
- Child is economically disadvantaged (See chart below, documented foster child, or food stamp case number), or
- Child of an active duty member of the armed forces; including the state military forces or a reserve component of the United States, or the child of an armed forces member who was injured, killed, or missing in action while serving on active duty. (refer to Article 6 of House Bill 1)
- Child is or ever has been in the conservatorship of the Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Family Code
- NSLP to include all children who meet any eligibility criteria for Head Start, not only those who meet the low-income eligibility criteria for Head Start. The TEC, §5.001(4), defines *educationally disadvantaged* as "eligible to participate in the national free or reduced-price lunch program." Consequently, all children who are eligible for Head Start are eligible for free prekindergarten, based on their eligibility for the NSLP. [ 1 ] [1] Public Law 110-134, which amended 42 USC, §1758

Child's Name	Child's SSN	Child's Birthdate	Child's Age on September 1	Total Number in Household
Parent's Name	Address		( ) -	Phone Number

**2013-2014 Income Chart to Determine Economic Disadvantage for Prekindergarten Eligibility**

<i>Total Number In household</i>	<i>Annual</i>	<i>Monthly</i>	<i>Weekly</i>
1	21,257	1,772	409
2	28,694	2,392	552
3	36,131	3,011	695
4	43,568	3,631	838
5	51,005	4,251	981
6	58,442	4,871	1,124
7	65,879	5,490	1,267
8	73,316	6,110	1,410
For each add'l family member add:	+7,437	+620	+144

Is income per year, month, or week? \_\_\_\_\_

Household Member	Job Income	How Paid	Other Income	How Paid?
1. _____	\$ _____	YR MO WK	\$ _____	YR MO WK
2. _____	\$ _____	YR MO WK	\$ _____	YR MO WK

I understand that school officials may verify the information on this application. If 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 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 Signature	Date
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**Signatures must be obtained and dated within 60 days prior to the first day of school.**

**TO BE COMPLETED BY SCHOOL PERSONNEL  
APPROVAL BASED ON:**

(Attach copies of required documentation)

\_\_\_\_\_ **Limited English Proficient**

- Home Language Survey must indicate child hears/speaks a language other than English at home
- Child has been tested with oral English assessment (attach proof of assessment and scores. A score of Non-English Speaking or Limited English Speaking indicates eligibility as LEP)
- Parent must sign Notification of Enrollment in Bilingual/ESL program

\_\_\_\_\_ **Homeless**

- Child lacks a fixed, regular, & adequate residence.
- Primary nighttime residence is a supervised public or private shelter designed to provide 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.

\_\_\_\_\_ **Proof of Income Eligibility**

- Current paycheck stub, paycheck envelope, letter from employer stating gross wages paid and how often they are paid, unemployment, Worker's Compensation or Disability payment stub
- **Acceptable documentation for self-employment income include:** business or farming documents, such as ledger books and /or self-issued paycheck stub, last year's tax return
- **Acceptable documentation for cash income include:** a letter from the employer stating wages paid and frequency

\_\_\_\_\_ **Military Member's child**

\_\_\_\_\_ **Foster care**

\_\_\_\_\_ **NSLP to include all children who meet any eligibility criteria for Head Start**

ALTERNATE STATE ID \_\_\_\_\_  
HISD PERMANENT ID \_\_\_\_\_

\_\_\_\_\_ **Birth Certificate**  
(Proof of age required)

\_\_\_\_\_ **Proof of Residency**  
(Utility bill, mortgage statement, etc. required unless homeless)

\_\_\_\_\_ **Immunization Records**  
(clinic record, doctor's statement, or Proof of exempt status required.)

\_\_\_\_\_ **Approved**

\_\_\_\_\_ **Rejected**

THE ORIGINAL OF THIS FORM MUST BE KEPT IN THE STUDENT'S PERMANENT RECORD, COMPLETE WITH ALL REQUIRED SIGNATURES AND DOCUMENTATION

Signature of Principal or Designee	Date
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**Signature must be obtained and dated within 60 days prior to the first day of school.**