

APPLICATION FOR PREKINDERGARTEN, 2007-2008

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, 2007.

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 11302], 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's Name	Child's SSN	Child's Birthdate	Total Number in Household
Parent's Name	Address		Phone Number

2007-2008 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	18,889	1,575	364
2	25,327	2,111	488
3	31,765	2,648	611
4	38,203	3,184	735
5	44,641	3,721	859
6	51,079	4,257	983
7	57,517	4,794	1,107
8	63,955	5,330	1,230
For each add'l family member add:	+6,438	+537	+124

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provided and the child is not eligible to participate in the program at the time of this application, the child may be withdrawn from the program to make room for a child who is eligible.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 _____

TO BE COMPLETED BY SCHOOL PERSONNEL

(Attach copies of required documentation)

APPROVAL BASED ON:

ALTERNATE STATE ID _____

HISD PERMANENT ID _____

_____ 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.

_____ Birth Certificate
(Proof of age required)

_____ Proof of Address
(Utility bill, mortgage statement, etc. required unless homeless)

_____ Homeless

- Child lacks a fixed, regular, and adequate residence.
- Primary nighttime residence is a supervised public or private shelter designed to provide temporary living accommodations, or an institution that provides 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.

_____ Immunization Records
(Clinic record, doctor's statement, or proof of exempt status required.)

_____ Approved

_____ Rejected

_____ Income Eligibility

_____ Military member's child

THE ORIGINAL OF THIS FORM MUST BE KEPT IN THE STUDENTS PERMANENT RECORD, COMPLETE WITH ALL REQUIRED SIGNATURES AND DOCUMENTATION.