

# Cypress-Fairbanks Independent School District

## 09-10 Prekindergarten Qualification Application

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Social Security Number

\_\_\_\_\_  
Student's Birth Date

\_\_\_\_\_  
Parent's/Official Guardian's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**Parents or guardians must sign the certification statement on the reverse side of this form.**

**Note:** The prekindergarten program is not mandatory. However, if your child qualifies and is enrolled in the program, he/she **must** attend school regularly.

**State legislation provides a half-day prekindergarten program for children who will be 4 years of age on or before September 1, 2009, if they meet one or more of the following criteria listed below.**

**Parent/Guardian: Please check the appropriate box below for which you would like to qualify your child for prekindergarten.**

- 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).  
or
- The child has a parent or official guardian that is a member of the armed forces of the United States, including the state military forces or a reserved component of the armed forces, who was injured or killed while serving on active duty.  
or
- The child has ever been in the conservatorship (foster care) of 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
- Transfer from another district in Texas.  
If ESL/Bilingual—attach documentation from sending school district.  
If Educationally Disadvantaged—must requalify based on income during the month prior to verification

**If you are qualifying your child for Prekindergarten based on income, you must complete the form on the back and furnish the school with a copy of one of the following:**

- Current payroll check stub (during the month prior to verification), OR
- Current pay envelope, OR
- Letter from employer stating gross wages paid and how often they are paid

**Acceptable documentation for self-employment income (NET income) is:**

- Last year's tax return (1040 or Schedule C), OR
- Business or farming documents, such as ledger books and/or self-issued paycheck stub

Please complete the income information for Part 1 if you are qualifying your child for Prekindergarten based on income, unless you provide a **SNAP** or TANF Eligibility **Determination** Group Number (EDG#). If you provide a **SNAP** or TANF case number, skip to Part 2.

**Part 1 –Employment Income**

(1) Write the names of each person living in your household. For any person not receiving an 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. If you are in the military and your housing is part of the **Military Housing Privatization Initiative**, do NOT include your allowance as income. If any amount **last month** was more or less than usual, write that person's usual monthly income.

(3) Report **NET** (after taxes and deductions) income for self-owned business, farm, or rental 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	First	Job 1	Job 2			
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

**Part 2 - Signature and Social Security Number: All Households Complete This Part.**

- (1) All applications must have the signature of an adult household member.
- (2) The application must have the social security number of the adult who signs. If the adult does not have a social security number, write "none." **If you listed a SNAP or TANF case number for each child, or if you are applying for a foster child, a social security number is not needed.**

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 Adult Household Member	_____ Date	_____ Social Security Number ( )
_____ Printed Name		_____ Home Phone Number ( )
_____ Address (Street/Apartment No.)		_____ Work Phone Number
_____ City/State/Zip		

**TO BE COMPLETED BY SCHOOL PERSONNEL:**

**MUST be signed by principal or assistant principal (TEA audited material)**

APPROVAL BASED ON: (check if applicable)

**Limited English Proficient**

**ESL**

**Bilingual**

**English score**

**Bilingual score**

Child has been tested with Pre-IDEA Proficiency Test (IPT). A score of NES or LES indicates eligibility as LEP. Parent must sign and accept placement in the Bilingual or ESL program based on established criteria. The Home Language Survey must indicate that the child hears/speaks a language other than English.

**Homeless** (attach approved Student Resident Questionnaire)

**Educationally Disadvantaged** -Income eligible as indicated in chart above (If NOT self-employed, attach pay stubs, pay envelope or letter from employer to show gross wages. For self-employment based on net income, attach last year's tax return (1040 or schedule C) or business or farming documents, such as ledger books or self-issued paycheck stub)

**Educationally Disadvantaged- SNAP/TANF Eligibility Group Number (EDG#)**

(Attach notice of eligibility letter.)

**Dependent of Armed Forces active duty member** (or member who was injured, killed, or MIA) (attach applicable documentation: Department of Defense photo ID for active duty service members, statement of service, copy of death certificate, purple heart orders or citation, line of duty determination, or official letter from a commander)

Has ever been in the **conservatorship (foster care)** of the Department of Family and Protective Services (DFPS) following an adversary hearing under Section 262.201, Family Code (attach verification letter from DFPS or other official documentation showing the child is or was in CFPS care.)

**COPIES OF REQUIRED DOCUMENTATION must be obtained:**

Birth Certificate **Must be 4 years old by Sept. 1. NO exceptions will be made. This must be kept in cumulative folder.**

Proof of Address-Utility bill (electric, gas, water; **NOT** telephone), lease agreement, or sales contract on house (required unless homeless) **This must be kept in cumulative folder.**

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

Social Security Card (if available)

Photo ID of parent/guardian (Requested by CFISD)

**Approved: I verify the qualifying documentation has been reviewed and will be kept in the student's cumulative folder for auditing purposes.**

**Not approved: The student does not qualify.**

\_\_\_\_\_  
**Signature of Principal or Assistant Principal**

\_\_\_\_\_  
**Date**

*The state requires reimbursement for any prekindergarten student participating in the prekindergarten program without proper documentation.*