



ALEDO INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR PREKINDERGARTEN PROGRAM

STUDENT NAME _____

STUDENT DATE OF *BIRTH _____ CIRCLE ONE: MALE FEMALE

**TO QUALIFY, STUDENT MUST BE FOUR YEARS OLD ON OR BEFORE SEPTEMBER 1 OF CURRENT SCHOOL YEAR. DOCUMENTATION REQUIRED.*

PARENT/GUARDIAN NAME _____

HOME TELEPHONE _____ CELL PHONE _____

MAILING ADDRESS _____

PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING ADDRESS) _____

EMAIL ADDRESS _____

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

PARENT/GUARDIAN SIGNATURE

DATE OF APPLICATION

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

HOMELESS

Student is homeless according to [42USC§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 member, activated member, MIA or KIA

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

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 (not Lone Star).

Number _____

- Family receives TANF (formerly AFDC).

Number _____

Eligible? Yes No Documentation on file? Yes No

ELIGIBILITY VERIFIED BY:

CAMPUS ADMINISTRATOR NAME: _____ CAMPUS ADMINISTRATOR SIGNATURE: _____

DATE VERIFIED: _____ HOW NOTIFIED? _____

PARENT/GUARDIAN NOTIFIED BY: _____ DATE: _____