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**Austin Independent School District**

**Date:**

**Pre-K Three Application**

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| --- | --- | --- | --- |
| **(1) School Name: Student ID:** | | | |
| **(2) Student’s Last Name** | **Student’s First Name** | **Date of Birth** | **Age** |
|  |  |  |  |
| Has the child attended preschool or daycare before this year? Circle one: ( YES / NO ) If so, where? | | | |

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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |   Does the student receive SNAP Benefits? ( YES / NO ) Eligibility #  Student name as it appears on SNAP letter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Does the student receive Medicaid? ( YES / NO )  Do you receive Temporary Assistance to Needy Families (TANF)? ( YES / NO ) | | | | |
| **(3) Household Members and Monthly Income:** | | | | |
| **(a) Names of all Household Members**  (Including PK student) | **(b) Gross MONTHLY earnings for all household members**  Job 1 Job 2 | | **(c) Other Monthly Income**  (Welfare, Child Support, Pensions, Retirement, Social Security, etc.) | **Campus Use**  Income  (Use red ink) |
| **1.** | **$** | **$** | **$** |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |
| Total Household Monthly Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Members Living in Household \_\_\_\_\_\_\_ | | | |
| *AUSTIN ISD is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.* | | | | |
| **(4) Signature:** Please check one of the following as appropriate.  *In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student is required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.*  \_\_\_\_ 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 federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.  \_\_\_\_ I choose not provide this information. I understand the school’s disbursement of federal funds and accountability rating may be affected by my choice. I also understand my child will not qualify for Pre-K under the income eligibility.  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of Adult Household Member)  Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street/Apt. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| --- | --- |
| **FOR COMPLETION BY SCHOOL PERSONNEL** (use red ink) | |
| **This student qualifies for PK based on: *(check all that apply)*** | |
|  | **LANGUAGE** (*Attach copies of Home Language Survey and language test)* |
|  | **MILITARY DEPENDENT (***Attach documentation)* Military ID verified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **FOSTER CHILD** (*Attach documentation)* |
|  | **INCOME (***Attach proof of income or current SNAP letter that includes student’s name or Medicaid certificate)* |
|  | **Approved by PROJECT HELP on** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(date)* |
|  | **First Responder Texas Star Award Recipient** *(verify award)* Award verified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(PK Teacher Name) (Different PK Teacher or Office Staff)** | |

*Birth certificate, proof of address and Home Language Survey must be attached to this application in addition to qualifying documents (i.e., proof of income, language test copies, etc.)*