



HOUSTON INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR PREKINDERGARTEN 2016-2017

Sec. 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, 2016 **AND** a resident of HISD.
- Child meets immunization requirements, and also meets **at least one** of the following conditions:
 - Child is unable to speak and comprehend the English language
 - Child is economically disadvantaged (defined below), or
 - Child meets any eligibility criteria for Head Start, or
 - Child is homeless, as defined by [42 USC 11434a],
 - 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, or
 - Child of active duty member of armed forces or child of an armed forces member injured, killed, or missing in action while on active duty

Child & Family Information

Child’s Name	
Child’s SSN	
Birthdate	
Child’s Age on Sept. 1	
Parent’s Name	
Address	
Phone #	

Family Income

Household Member	Job Income	Payroll Schedule	Other Income	Payroll Schedule
1.	\$	YRMOWK	\$	YRMOWK
2.	\$	YRMOWK	\$	YRMOWK
Total Number in Household				

Parent Statement of Understanding

I understand the school officials may verify the information on this application document. If investigation indicates false information has been provided and the child is not eligible to participate in the program, the child may be withdrawn to make room for a child who is eligible. I certify that all 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 Signature

Date

FOR COMPLETION BY SCHOOL PERSONNEL

APPROVAL BASED ON:

- ☐ Limited English Proficient
 - Home Language Survey must indicate child hears/speaks a language other than English at home.
 - Child has been tested with oral Language 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, and adequate residence.
 - Primary nightttime 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 nightttime 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, current pay envelope, letter from employer stating gross wages paid and how often they are paid, unemployment, worker’s comp.
 - or disability payment stub, current SNAP, or TNAF case number for free meals
 - Acceptable documentation for self-employment income include: business or farming documents (ex. Ledgers and/or self-issued pay stub, 2015 tax return)
- ☐ Military Member’s Child
- ☐ Foster Care
- ☐ NSLP to include all children who meet any eligibility criteria for Head Start

2016-2017 Income Chart to Determine Economic Disadvantage Prekindergarten			
Total # in Household	Annual	Monthly	Weekly
1	\$21,978	\$1,832	\$423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
For each additional member add:	+7,696	+642	+148

ALTERNATE STATE ID: _____

HISD PERMANENT ID: _____

☐ Birth Certificate

☐ Proof of Residency

☐ Immunization Records (clinic record, doctor’s statement, or proof of exempt)

____Approved ____Not Approved

Signature of Principal or Designee

Date