



**PRE-KINDERGARTEN STATE ELIGIBLE APPLICATION
2021-2022**

April 12 – 30, 2021

Application will be accepted at ALL ELEMENTARY CAMPUSES

Beginning May 3, 2021

**Applications will be accepted at Student Services Department,
CISD Central Administration Building
505 N. Ridgeway Drive**

Child's Name: _____

Please Print

Parent's Name: _____

Please Print

Home Address: _____

Phone Number: _____

E-mail Address: _____

Parent/Guardian Signature: _____

The child whose name appears above is applying to be considered, based on the criteria shown below, for entry into the district's **State Eligible Pre-kindergarten program**. Pre-kindergarten campus assignment may be based on the child's home language. Please complete the application by completing the required information below.

Criteria for admittance to the pre-kindergarten program in Cleburne ISD:

- Child will be 4 years of age on or before September 1, 2021.
- Child is a resident of Cleburne ISD.
- At least one of the following conditions must also be met:
- **PLEASE CHECK ALL THAT MIGHT APPLY TO YOUR FAMILY**

Income Eligibility

In order to qualify your student through income, it is necessary for you to provide the last two paystubs for ALL people who are currently employed in your household.

If your family has already been qualified for any government assisted programs (Food stamps, Medicaid, etc.), you may just provide proof of that benefit instead of income verification. **If your child qualifies for Medicaid, you will need to visit [Your Texas Benefits](#) on-line account and locate the EDG#.** You can screen shot that number in place of proof of income.

EDG# _____ Attach copy of number to application.

The chart below will be used to qualify your child for the State Eligible Prekindergarten program.

GROSS INCOME AMOUNTS USED

Effective July 1, 2020 – June 30, 2021

Household Size	Total Income									
	Annual		Monthly		Twice Per Month		Every Two Weeks		Weekly	
No. of Household Members	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$16,588	\$23,606	\$1,383	\$1,968	\$692	\$984	\$638	\$908	\$319	\$454
2	\$22,412	\$31,894	\$1,868	\$2,658	\$934	\$1,329	\$862	\$1,227	\$431	\$614
3	\$28,236	\$40,182	\$2,353	\$3,349	\$1,177	\$1,675	\$1,086	\$1,546	\$543	\$773
4	\$34,060	\$48,470	\$2,839	\$4,040	\$1,420	\$2,020	\$1,310	\$1,865	\$655	\$933
5	\$39,884	\$56,758	\$3,324	\$4,730	\$1,662	\$2,365	\$1,534	\$2,183	\$767	\$1,092
6	\$45,708	\$65,046	\$3,809	\$5,421	\$1,905	\$2,711	\$1,758	\$2,502	\$879	\$1,251
7	\$51,532	\$73,334	\$4,295	\$6,112	\$2,148	\$3,056	\$1,982	\$2,821	\$991	\$1,411
8	\$57,356	\$81,622	\$4,780	\$6,802	\$2,390	\$3,401	\$2,206	\$3,140	\$1,103	\$1,570
For each additional family member, add	+\$5,824	+\$8,288	+\$486	+\$691	+\$243	+\$346	+\$224	+\$319	+\$112	+\$160

These guidelines are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2020 – June 30, 2021.

Number of Adults who live in household: _____

Number of Children who live in household: _____

Total # who live in household: _____

HOUSEHOLD INCOME:

<u>Employed Person's Name</u> _____	<u>Job Income</u>	<u>How Paid</u>	<u>Other Income</u>	<u>How Paid</u>
1. _____	_____	YR MO WK	_____	YR MO WK
2. _____	_____	YR MO WK	_____	YR MO WK
3. _____	_____	YR MO WK	_____	YR MO WK
4. _____	_____	YR MO WK	_____	YR MO WK

Total Household Income _____ **YR MO WK**

I understand that school district officials may verify the information on the application. If investigation indicates false information has been provided and the child was not eligible to participate in the program at the time of the application, the child may be withdrawn from the program 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

Limited English Proficient (LEP)

- Student and/or student's family speaks primarily Spanish.
- Child will be tested with oral English assessment.
- CISD Staff will assist in completing Home Language Survey and testing will be by appointment.

Homeless

- Temporary housing situation due to economic hardship
- CISD Staff will assist in completing the Student Residency Questionnaire.

Military Eligibility (one of the following forms will be required later)

- Department of Defense (DoD) photo identification (**DO NOT MAKE COPY**)
*CISD Staff Member:*_____ *Date Verified:* _____
- Or, Statement of Service from the AG Director of Human Resources for children of active members or mobilized Reservists or members of the **Texas National Guard**; or
- Copy of the **Death Certificate** using the Service appropriate DoD form, or a DoD form that indicates death as the reason for the separation from service for children of Service members who died or were killed; or
- Copy of **Purple Heart** orders or citation for children of Service members or mobilized Reservists/guardsmen who were wounded or injured in combat, or a copy of the Line of Duty Determination documentation for Service members who were injured while serving active duty but were not wounded or injured in combat; or
- **Missing In Action** (MIA) appropriate documentation for children of Service members who are MIA.

Foster Care Eligibility

- Current Foster Care Child – Form 2085E or placement letter from *“Our Community, Our Kids”*.
- Adopted but previously a Foster Care Child, the adoptive parent will need to request a letter of PK eligibility from the state. Email address to request letter: prekverificationltrs@dfps.texas.gov

Star of Texas Award Recipient

- Is the child of a person for the **Star of Texas Award** as: a peace officer under Section 3106.002, Government Code; a firefighter under Section 3106.003, Government Code; or an emergency medical first responder under Section 3106.004, Government Code. **The Star of Texas** honors peace officers, firefighters and emergency responders who were seriously injured or killed in the line of duty.

Principal or Designee : _____ APPROVED _____ REJECTED _____
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Copy of the Following Must Be Provided to Complete Enrollment:

- _____ **Birth Certificate**
- _____ **Shot Records**
- _____ **Social Security Card**
- _____ **Proof of Residence (Utility bill, Mortgage/Lease agreement)**
- _____ **Driver’s License of Parent/Legal Guardian Registering Child**