

**ELGIN INDEPENDENT SCHOOL DISTRICT  
Qualifying Application for Prekindergarten  
2022-2023**

Child **must** be 4 years of age on or before September 1, 2022; a resident of the Elgin Independent School District; meet immunization requirements; and meet at least **one** of the qualifying criteria established by the Texas Education Code.

Child's First Name

Child's Last Name

Date of Birth

Age

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provided and the child was not eligible to participate in the program at the time of the application, the child may be withdrawn from the program to make room for a child who is eligible.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 of the above information is true and correct and that all income is reported.

Parent Name (Please PRINT)

Parent Signature

Cell Phone #

Date

List first and last name of all **children** in the household (infant through 12<sup>th</sup> grade): \_\_\_\_\_

List all **ADULT** household members (Definition of Household member: Anyone who is living with you and shares income and expenses, even if not related).

Indicate the frequency of income: **W=Weekly, E=Every 2 weeks, T=Twice per month, M=Monthly, A=Annually**

Adult's First and Last Name	Work Earnings	Frequency	Public Assistance, Child Support	Frequency	Pension, Retirement, Social Security, Supplemental Income	Frequency
	\$	W - E - T - M - A	\$	W - E - T - M - A	\$	W - E - T - M - A
	\$	W - E - T - M - A	\$	W - E - T - M - A	\$	W - E - T - M - A
	\$	W - E - T - M - A	\$	W - E - T - M - A	\$	W - E - T - M - A
	\$	W - E - T - M - A	\$	W - E - T - M - A	\$	W - E - T - M - A

<b>Total # in Household:</b> _____	<b>*Total Monthly Household Income:</b> \$ _____ <b>Frequency:</b> _____	_____ <b>SNAP</b> (Must provide current documentation)
	*Must include all gross earnings before deductions; and all other sources of income including tips, unemployment compensation, self-employment income, payment from welfare, child support, alimony, pensions, retirement, social security, disability benefits, interest/dividend income, etc.	_____ <b>TANF</b> (Must provide current documentation) _____ <b>Medicaid</b> (Must provide current documentation)

**EISD Use ONLY**

- Limited English Proficient:**  Home Language Survey  Oral Proficiency Test  Parental Permission
- Homeless** as defined by [42 USC 11302(a)] and [42 USC 11434(a)]:  **Approved** Student Residency Questionnaire
- Educationally Disadvantaged** as defined in TEC 5.001(4) "eligible to participate in the national free or reduced-price lunch program".
- Military Dependent:** Child of an active duty member of the U.S. armed forces or member of the U.S. armed forces who was injured or killed while on active duty. **DO NOT photocopy Military ID.**  
Verified by: \_\_\_\_\_ Date: \_\_\_\_\_
- Foster Care (code 1):** Child **is currently** in the conservatorship of the Department of Family & Protective Services. \_\_\_\_\_ Texas DFPS Placement Authorization Form (form 2085) or \_\_\_\_\_ court order.
- Foster Care (code 2):** Prekindergarten student **was previously** in the conservatorship of the Department of Family & Protective Services following an adversary hearing under Section 262.201, Family Code.  
\_\_\_\_\_ DFPS/CPS verification letter of PK Eligibility
- Foster Care (code 3):** Prekindergarten student is or ever has been in foster care in another state or territory, if the child resides in this state (Texas).
- Star of Texas Award:** Child of a person eligible for the Star of Texas Award (peace officer, firefighter or emergency medical first responder seriously injured or killed in the line of duty). \_\_\_\_\_ Resolution
- Migrant** \_\_\_\_\_ Approval of Migrant Coordinator