2019-2020
APPLICATION FOR PREKINDERGARTEN PROGRAM
Priddy ISD
1375 SH 16N Priddy, TX 76870 325-966-3323

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:** _____ **Email:** _____

Mailing Address/Physical Address: _____

Ethnicity: □ 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: _____   Date: _____

Parent/Gaurdian Notified: By/Date _____   How: _____