

Parent/Guardian Complete
Front of Application

**BEAUMONT INDEPENDENT SCHOOL DISTRICT
PREKINDERGARTEN (PK) ELIGIBILITY FORM**

BLACK OR BLUE INK ONLY

STUDENT'S INFORMATION
PLEASE PRINT CLEARLY

Campus: _____ **Student ID#** _____
(Escuela)

Student's Name: _____ **First (Primer)** _____ **Middle (Segundo)** _____ **Last (Apellido)** _____
Nombre del Estudiante

Student's Social Security #: _____ **State Assigned ID#** _____
No. de Seguro Social

Date of Birth: ____/____/____ **Place of Birth:** _____
Fecha del Nacimiento MM DD YYYY Lugar de Nacimiento City/Ciudad State/Estado

Gender: Boy Girl **Ethnicity:** _____
Sexo Niño Niña Raza

Primary Language Child Speaks: _____
¿Qué idioma habla su hijo/a la mayor parte del tiempo?

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ **First (Primer)** _____ **Last (Apellido)** _____
Nombre del Padre, Madre, Encargado Legal

Date of Birth: ____/____/____ **Gender:** Male Female
Fecha del Nacimiento MM DD YYYY Género Masculino Femenino

Street Address: _____ **Apt #:** _____
Dirección de la calle (Physical Address, No P.O. BOX allowed) Num de apartamento

City: _____ **Zip Code:** _____
Ciudad Código Postal

Home Phone #: _____ **Cell #** _____
Número telefónico de la casa Número telefónico celular

I understand that information submitted on this application will be verified by school officials. If investigation determines that my child does not meet the eligibility guidelines, he/she will be unable to participate in the Beaumont ISD Prekindergarten Program. I certify that the information entered on this application is true and correct and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Tengo entendido que los funcionarios de la escuela podrán comprobar la información en esta aplicación y falsificación deliberada de datos me expone a ser procesado bajo las leyes estatales. Si la investigación indica que se ha proporcionada información falsa y el niño no es elegible para participar en el programa en el momento de esta aplicación, el niño podrá ser retirado del programa. Yo certifico que toda la información es verdad y correcta.

Parent/Guardian Signature: _____
Firma

Date of Application: _____ **Fecha** _____

TEA AUDITED MATERIAL: RETAIN ALL DOCUMENTATION IN STUDENT CUMULATIVE FOLDER

Check the one (1) box that qualifies your student for the PK4 program.
Por favor marque las casillas apropiadas

A. LIMITED ENGLISH PROFICIENT/No hablar ni entender el idioma Inglés
Is the student an English Language Learner? ¿Calificó el niño(a) como estudiante de idioma inglés, ESL? An oral proficiency test will be administered if child does not speak English. Si no habla inglés (de le administrará un examen de habilidad en el idioma inglés)
 Yes/Sí **Must complete Home Language Survey and child must qualify on OLPT**
 No

B. EDUCATIONALLY DISADVANTAGED/Dificultades Económicas
Family Assistance/Asistencia Familiar
Are you currently receiving SNAP or TANF benefits for your child?
¿Está usted recibiendo estampillas de comida o beneficios de TANF para su niño(a)?
 Yes/Sí **Must provide copy of official Eligibility Letter/Comprobante de SNAP o TANF**
 No If no, complete Family Income Survey/completar la Encuesta de Ingresos Familiares

**** Family Income Survey/Encuesta de Ingresos Familiares**
Provide copies of ALL Proof of Income for ALL members of the household dated no earlier than 60 days of application. Must provide copies of two (2) consecutive pay source documents (check stubs, disability, social security statements or letter from employer) showing total gross income and how often paid.
_____ **Total Number in Household/Número total de miembros en hogar**
\$ _____ **Total Household Income /Total Ingreso de los hogares**

Circle how paid: Weekly, Every 2 weeks, Twice a Month, or Monthly
Circle como es pagador: Semanal, Cada 2 semanas, Dos veces al mes, o Mensual
W2s & Annual Income Tax Forms accepted for Self-Employed only!

C. FOSTER CARE/Niños adoptados
Is this a current or previous TEXAS FOSTER child?
¿Está el estudiante en cuidado de crianza actual o anterior?
 Yes/Sí **Must provide copy of Foster Care Letter/Carta de Adopción**
 No

D. MILITARY/STAR of TX AWARD DEPENDENT Estatus Militar/ Premio Estrella de TX
Is this the child of an active duty MILITARY member? A member killed/injured while on active military duty? STAR of TX Award dependent?
¿Es este niño un dependiente tener un padre que está actualmente cumpliendo el servicio militar activo, o tener un padre que ha sido herido o muerta mientras estaba en servicio militar activo/Premio Estrella de TX?
 Yes/Sí **Must provide proof of Status/Comprobante de Estatus**
 No

E. TEMPORARILY DISPLACED/Personas sin hogar
Does the child lack a FIXED, REGULAR and ADEQUATE nighttime residence? ¿Carece su familia de una residencia fija, regular y adecuada por la noche?
 Yes/Sí **Must provide copy of approved Student Residency Form/Cuestionario de Residencia para Estudiantes**
 No

Para uso exclusiva de la oficina

(TEA AUDITED MATERIAL: Attach copies of ALL required documentation)

Initial the Qualifying Blank Upon Receipt of Documentation

- ★ _____ Student's Original Birth Certificate or Certified Hospital Birth Record with Seal/Signatures (proof of age required)
- ★ _____ Student's Social Security Card (**preferred**, if not provided a State Alternative ID# will be assigned)
- ★ _____ Student's Current Immunization Records (must provide official documentation if claiming 'exempt' status)
- ★ _____ Parent/Guardian Proof of District Residency (required, unless homeless - utility bill: electric, gas or water; mortgage; lease agreement, or sales contract on home, cable, telephone, etc., CELL PHONE BILLS NOT ACCEPTED)
- ★ _____ Parent/Guardian Proof of Identification (Driver's License, State Photo ID, preferred)

Initial the Qualifying Blank Upon Receipt of Documentation

Approval Based On:

_____ **Limited English Proficient – [Attach Home Language Survey, Proof of OLPT Scores AND LPAC MUST BE COMPLETED]**

- Home Language Survey indicates that the child speaks/hears a language other than English at home: ___ Yes ___ No
- Oral Language Proficiency Test Administered: ___ Yes ___ No Scores attached: ___ Yes ___ No
- LPAC completed AND all documentation on file: ___ Yes ___ No Effective Date: _____

_____ **Educationally Disadvantaged (Family Income) – [Attach copies of two consecutive pay source documents (*check stubs, government statement, or letter from employer*) dated no earlier than 60 days of the application date]**

- Income level meets requirements to participate in the Nt'l School Lunch Program [refer to chart]: ___ Yes ___ No
- Income documentation (paystubs, govt. stmts, pay letter, W2 form[self-employed only] etc.), attached: ___ Yes ___ No

_____ **Educationally Disadvantaged (Family Assistance) – [Attach copy of official certification/benefit letter-Eligibility# required]**

- Family participates in Supplemental Nutrition Assistance Program (SNAP): ___ Yes ___ No
- SNAP Certification/Benefit Letter attached: ___ Yes ___ No SNAP #: _____
- Family receives Temporary Assistance to Needy Families (TANF): ___ Yes ___ No
- TANF Certification/Benefit Letter attached: ___ Yes ___ No TANF #: _____

_____ **Educationally Disadvantaged (Head Start) – [Attach copy of official documentation from the Head Start Program]**

- Child meets eligibility requirements for Head Start: ___ Yes ___ No
- Head Start Documentation attached: ___ Yes ___ No

_____ **Homeless – [Attach copy of approved Student Residency Questionnaire signed by the District McKinney-Vento Liaison]**

- Child is homeless as defined by [42 USC 11302a & 11304a]: ___ Yes ___ No
 - Child lacks a fixed, regular, and adequate residence
 - Child has a primary nighttime residence that is a shelter designed to provide temporary accommodations, an institution, or a place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
 - Child is temporarily living with a host family due to loss of housing.
- Approved Student Residency Questionnaire (SRQ) attached: ___ Yes ___ No

_____ **Military Dependent/Star of TX Award – [Attach line of duty determination, statement of service, copy of death certificate, purple heart orders or citation, or official letter from a commander or Department of Defense] or**

Copy of Certificate from Star of Texas Award – NOTE: DO NOT PHOTOCOPY MILITARY ID – COMPLETE VERIFICATION FORM

- Military documentation attached: ___ Yes ___ No Star of Texas Award Certificate attached: ___ Yes ___ No

_____ **Foster Care – [Attach verification letter from TX DPFS or other official documentation showing the child is or was in TX Foster Care – CANNOT BE A CPS CHILD SAFETY PLAN OR NOTARIZED LETTER FROM PARENT]**

- TX Foster Care documentation attached: ___ Yes ___ No

DETERMINATION OF ELIGIBILITY

_____ **Approved:** I verify this student qualifies for PK based on the attached completed documentation. Copies of all documentation will be retained in the student's official cumulative folder for audit purposes.

_____ **Not Approved:** The student does not meet eligibility requirements for enrollment in the BISD PreK₄ Program.

Signature of Administrator or Authorized Designee

Date Verified