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| **LAMAR CISD PREKINDERGARTEN ELIGIBILITY FORM 2023-2024** |

**Parent or Legal Guardian will complete the following information.**

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| **Student’s Full Name:** | **Local Student ID:** |

**(Last)**  **(First)** **(Middle)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Address:** | | | | | **City, State:** | | |
| **Zip Code:** | | **Date of Birth:** | | | | **Sex: Male Female** | |
| **Home Campus:** | | **Home Phone:** | | | | **Work Phone:** | |
| **E-Mail Address:** |  | |  |  |  | |  |

**Parent selects eligibility criteria from below.**

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| **Qualifier** | |
|  | 1. Unable to speak and comprehend the English language; or |
|  | 1. Educationally disadvantaged or   \*see Income chart below |
|  | 1. Homeless, as defined 42 USC Section 11302, regardless of the residence of either parent of the child; or |
|  | 1. Child of an active duty member of the armed forces of the US, including the state military forces or a reserve component of the armed forces who is ordered to active duty by proper authority; or |
|  | 1. Child of a member of the armed forces of the US, including the state military forces or a reserve component of the armed forces who was injured or killed while serving on active duty. |
|  | 1. Child of Guard and Reserve-Activated/Mobilized uniform members of the TX National Guard-Army or Air Guard of the Activated/Mobilized members of the Reserve components of the Army, Navy, Marines, Air Force or Coast Guard who are TX residents. |
|  | 1. Child is, or ever has been, in the conservatorship of DFPS following an adversary hearing held as provided by Section 262.201, Family Code **(In Texas or another state)** |
|  | 1. Be the child of a person eligible for the Star of Texas Award as a peace officer (3106.002), firefighter (3106.003), or emergency medical first responder (3106.004) |

**Complete the information below if you mark #2 Educationally Disadvantaged: Mark the number for total household income.**

**Size of Family** – Indicate the total number of individuals living in your household, including all adults and children:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mark # of Household Family Members** | | **Income Eligibility Guidelines Effective July 1, 2023 – June 30, 2024** | | | | | | | | | |
| **Annual** | | **Monthly** | | **Twice Monthly** | | **Bi-Weekly** | | **Weekly** | |
| **Free** | **Reduced** | **Free** | **Reduced** | **Free** | **Reduced** | **Free** | **Reduced** | **Free** | **Reduced** |
|  | **1** | **$18,954** | **$26,973** | **$1,580** | **$2,248** | **$790** | **$1,124** | **$729** | **$1,038** | **$365** | **$519** |
|  | **2** | **$25,636** | **$36,482** | **$2,137** | **$3,041** | **$1,069** | **$1,521** | **$986** | **$1,404** | **$493** | **$702** |
|  | **3** | **$32,318** | **$45,991** | **$2,694** | **$3,833** | **$1,347** | **$1,917** | **$1,243** | **$1,769** | **$622** | **$885** |
|  | **4** | **$39,000** | **$55,500** | **$3,250** | **$4,625** | **$1,625** | **$2,313** | **$1,500** | **$2,135** | **$750** | **$1,068** |
|  | **5** | **$45,682** | **$65,009** | **$3,807** | **$5,418** | **$1,904** | **$2,709** | **$1,757** | **$2,501** | **$879** | **$1,251** |
|  | **6** | **$52,364** | **$74,518** | **$4,364** | **$6,210** | **$2,182** | **$3,105** | **$2,014** | **$2,867** | **$1,007** | **$1,434** |
|  | **7** | **$59,046** | **$84,027** | **$4,921** | **$7,003** | **$2,461** | **$3,502** | **$2,271** | **$3,232** | **$1,136** | **$1,616** |
|  | **8** | **$65,728** | **$93,536** | **$5,478** | **$7,795** | **$2,739** | **$3,898** | **$2,528** | **$3,598** | **$1,264** | **$1,799** |
| **For each additional member, add** | | **+$6,682** | **+$9,509** | **+$557** | **+$793** | **+$279** | **+$397** | **+$257** | **+$366** | **+$129** | **+$183** |
| **I certify that all information on this application is accurate.**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |

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| **LAMAR CISD PREKINDERGARTEN ELIGIBILITY FORM 2023-2024-OFFICE USE ONLY** |

**LCISD CAMPUS PERSONNEL TO COMPLETE AFTER PARENT HAS SUBMITTED PAGE 1 OF ELIGIBILITY FORM**

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| --- | --- | --- |
| **Student Name:** | | **Local Student ID:** |
| **Campus:** | | **Verification Date:** |
| **Qualifier** | | **Documentation Required and Verified** |
|  | 1. Unable to speak and comprehend the English language; or | -Language testing completed by the child’s home campus  -Copy of preLAS submitted by Emergent Bilingual Coach |
|  | 1. Educationally disadvantaged or   \*see Income chart below | -Completed income chart.  -Copy of last pay statements (dated no earlier than March 2023) or other eligible documents confirming eligibility. |
|  | 1. Homeless, as defined 42 USC Section 11302, regardless of the residence of either parent of the child; or | -Documentation indicating that the child’s residence status is considered homeless |
|  | 1. Child of an active duty member of the armed forces of the US, including the state military forces or a reserve component of the armed forces who is ordered to active duty by proper authority; or | -Visual verification of parent’s Military ID  (Copies cannot be made of Military IDs)  *Administrator or Registrar: initial and date here upon visual certification:*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: OR  -Copy of Military Statement of Service |
|  | 1. Child of a member of the armed forces of the US, including the state military forces or a reserve component of the armed forces who was injured or killed while serving on active duty. |
|  | 1. Child of Guard and Reserve-Activated/Mobilized uniform members of the TX National Guard-Army or Air Guard of the Activated/Mobilized members of the Reserve components of the Army, Navy, Marines, Air Force or Coast Guard who are TX residents. |
|  | 1. Child is, or ever has been, in the conservatorship of DFPS following an adversary hearing held as provided by Section 262.201, Family Code **(in Texas or another state)** | -Enrollment letter from DFPS, stating that the child is eligible for PK services; OR  -Documentation from DFPS or another other state stating that child is currently in or was in Foster Care.  -Adoption paperwork completed by originating state. |
|  | 1. Be the child of a person eligible for the Star of Texas Award as a peace officer (3106.002), firefighter (3106.003), or emergency medical first responder (3106.004) | -resolution (certificate) awarded to an individual |

**TOTAL MONTHLY HOUSEHOLD INCOME**- Report household income excluding foster children.

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| **Type of Income Verification**  **Campus will verify and check the appropriate box** | **Gross Income** | **Circle if No Income** |
| * Current month payroll check stub (during month of verification) | $ | None |
| * Current pay envelope | $ | None |
| * Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF) number | $ | None |
| * Last year’s tax return | $ | None |
| * Business or farming documents, such as ledger books | $ | None |
| * Self-issued paycheck stub | $ | None |
| * Letter from employer stating wages paid and frequency | $ | None |
| Total Monthly Household Income (Add Lines 1-7) | $ |  |

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| **For Office Use Only: Qualifier #1 English Learner**  *Circle One*  QUALIFIES DOES NOT QUALIFY  **Emergent Bilingual Coach Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **preLAS assessment data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **For Office Use Only: Qualifiers #2 – 8**  *Circle One*  QUALIFIES DOES NOT QUALIFY  **Front Office School Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |