



## PRE-KINDERGARTEN ELIGIBILITY APPLICATION 2020-2021

SUMIT APPLICATION TO [CMccullough@c-isd.com](mailto:CMccullough@c-isd.com)

### Child's Name:

The child whose name appears below is applying to be considered, based on the criteria shown below, for entry into the district's pre-kindergarten program. Pre-kindergarten 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, 2020
- 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 month's paystubs for all people who are currently employed in your household.**

**Number of people who live in household**

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

If your family has already been qualified for any government assisted programs (Food stamps, Medicaid, etc.), you may just provide me 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.

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.

**Limited English Proficient (LEP)**

- Student and/or student’s family speaks primarily Spanish
- Child will be tested with oral English assessment

**Homeless**

- Temporary housing situation due to economic hardship

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

- Department of Defense (DoD) photo identification:
  - 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**

- Adopted but previously a Foster Care Child - Copy of DFPS or Child Protective Services verification letter of PK eligibility.
- Current Foster Care Child – Form 2085E

**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.

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**Parent/Guardian Financially Responsible for Student:**

**Child's Name:**

**Parent(s) Name:**

**Home Address:**

**Contact Number:**

**E-mail Address:**

**Parent/Guardian:**

**Name in above box serves as electronic signature.**

**Date:**

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**After this form is returned to Student Services office, a representative will be in contact with you to secure the necessary documents and complete the application process.**