

_____ Birth Certificate
 _____ Social Security Card
 _____ Immunization Record
 _____ Proof of Residence
 _____ Proof of Monthly Income
 _____ Telephone #
 _____ # In Household
 _____ 911 Address
 _____ Mailing Address
 _____ Free Lunch Application



Screening Date _____

Health Assessment Date _____

North Carolina Pre-Kindergarten APPLICATION for Halifax and Warren Counties 2025-2026

Please complete all questions and sign where indicated. Verification may be required for some questions. This information is required to determine your child's eligibility for one or more programs. Additional information will be needed in order to enroll your child once accepted into the program. **Application will NOT be processed without the required information and documents.**

§ Indicates documentation is required with completed application. Child must be 4 years old by August 31, 2025

Child's Full Name _____ § Date of Birth _____

 First Middle Last Month Day Year

Please check one: ____ boy ____ girl Please mark one: ____ Hispanic/Latino Origin ____ Not Hispanic/Latino

Please mark at least one:

- ☐ White / European American
- ☐ Native Hawaiian / Pacific Islander
- ☐ Native American / Alaskan
- ☐ Black / African American
- ☐ Asian

Is the child a US Citizen? Yes ☐ No ☐
 (citizenship is not a requirement)

is parent/guardian an active duty member of
 the military or was parent/guardian seriously
 injured/killed while on active duty? Yes ☐ No ☐

Mother's / Stepmother's / Guardian's Name: _____

Relationship to child: _____

Father's/Stepfather's / Guardian's Name: _____

Relationship to child: _____

§ Documentation of legal guardian / foster parent status required

Child's Physical Address: _____

§ You must provide documentation of residency in the School District: driver's license, utility bill, bank statement, tax assessment, etc.

Parent's Mailing Address (if different): _____

Is your family homeless (temporarily living with friends/family or in a shelter/car/hotel)? _____

Phone numbers (indicate who): _____

Daytime

Evening

Cell Phone

Other Phone

Email address: _____

What language does your child use most often to communicate? _____

What language do YOU use most often to speak to your child? _____

What language did your child learn when he/she first began to talk? _____

Child has: ☐ Medicaid ☐ Private Insurance/HMO ☐ No Insurance ☐ other: _____

Has child been diagnosed with a special need? Yes ☐ No ☐ if "yes" please describe: _____

If "yes" who diagnosed the special need? _____

Does child have an active IEP? Yes ☐ No ☐ has child been referred to services for this need? Yes ☐ No ☐

Is the child currently receiving services related to this need? Yes ☐ No ☐ if "yes" from where? _____

§ Documentation of diagnosis / IEP / IFSP / CDSA Evaluation required. Physician's documentation of chronic health condition and how it may impede learning and development is also required.

Does child have any chronic health problems? Yes ☐ No ☐ if "yes" please describe: _____

Please list adults and children living in children primary home below (do not list child applying):

<u>Adults' names in household</u>	<u>Date of Birth</u>	<u>Relationship to the child applying</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Children's names</u>	<u>Date of Birth</u>	<u>Relationship to the child applying</u>
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Is child's father/step-father living with child at child's PRIMARY RESIDENCE: Yes or No (Circle one)

Employed? Yes ☐ No ☐ Where? _____
Seeking Employment? Yes ☐ No ☐
In post-secondary education? Yes ☐ No ☐ Where? _____
In high school or a GED program? Yes ☐ No ☐ Where? _____
In job training? Yes ☐ No ☐ Where? _____
Other? Yes ☐ No ☐ Explain: _____

Father/Step-father's regular gross monthly income: \$ _____ **Please include proof of all income.**

Type of Income	Amount	How often received: (yearly, monthly, twice monthly, Bi-weekly, or weekly)
Current Wages before taxes		
Alimony		
Child Support		
Workers Comp		
Unemployment		
SSI/TANF/Work\$ First		
Overtime		

Is legal guardian/custodian (other than mother/father, step parents) living with child at child's PRIMARY RESIDENCE: Yes or No (Circle One)

Employed? Yes ☐ No ☐ Where? _____
Seeking Employment? Yes ☐ No ☐
In post-secondary education? Yes ☐ No ☐ Where? _____
In high school or a GED program? Yes ☐ No ☐ Where? _____
In job training? Yes ☐ No ☐ Where? _____
Other? Yes ☐ No ☐ Explain: _____

Legal Guardian's/custodian's regular gross monthly income: \$ _____ **Please include proof of all income.**

Type of Income	Amount	How often received: (yearly, monthly, twice monthly, Bi-weekly, or weekly)
Current Wages before taxes		
Alimony		
Child Support		
Workers Comp		
Unemployment		
SSI/TANF/Work\$ First		
Overtime		

If child lives with a custodian, or other caregiver (not parents or legal guardian) list the child's income, including Social Security Income and Child Support Payments. Do not count Supplemental Security Income. Also count income from any minor siblings living in the home. **CHILD'S MONTHLY INCOME:** \$ _____ (child resides with custodian).

Will child need transportation to Pre-K? Yes ☐ No ☐ In which school zone do you live? _____

Pick up Location: _____ Directions to Home: _____

EMERGENCY CONTACTS

Name _____ Telephone Number _____

Address _____ City _____ Zip _____

Name _____ Telephone Number _____

Address _____ City _____ Zip _____

RELEASE CHILD TO

1. Name _____ 3. Name _____

2. Name _____ 4. Name _____

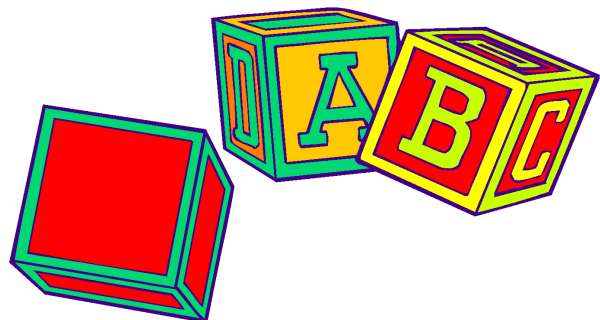
CERTIFICATION: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of state funds; that Halifax County Schools, Warren County Schools, NC Pre-Kindergarten or Title I officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

The information in this form may be used only in the determination of eligibility for either NC Pre-K or Title I Pre-K program. I understand that I will be releasing information that will show that I am applying for my 4 year old to be considered for the NC Pre-K or Title I Pre-K program. Officials may verify all of the information on this form. I give up my rights on confidentiality on these purposes only. I authorize that information contained in this application and its supporting documentation may be shared with other NC Pre-Kindergarten Administrators should I request that my child be transferred to an NC Pre-Kindergarten program in another county. I understand that if my child is selected to participate in one of the above programs, parent involvement will be critical to the success of my child. I / We will commit to participate as required by the above programs criteria. I certify that I am the parent / guardian of the child for whom this application is being made.

Signature of Parent/Legal Guardian Date

Print name and relationship to child applying

*** APPLICATIONS WILL NOT BE ACCEPTED UNLESS EVERY SECTION IS COMPLETE AND IT IS SIGNED AND DATED.**





**North Carolina Pre-Kindergarten
APPLICATION for Halifax and Warren Counties
CHECKLIST
2025-2026**

- o Every question on this application is complete and is signed by the parent/guardian/custodian.
- o Court documentation of legal guardianship/custodian/foster care.
- o Birth certificate OF THE CHILD APPLYING is attached to this application.
- o If child has a chronic illness, physician's documentation is attached that includes the chronic diagnosis and how it may impede the child's learning and/or development.
- o Copy of current educational/developmental screenings/evaluations indicating developmental or educational need are attached to this application.
- o Copy of child's Individualized Education Program (IEP) from a public school is attached to this application.
- o Complete income documentation is attached to this application for EVERY parent/stepparent/guardian/custodian that is in the home with this child applying.

Check all that apply:

- *Weekly pay: 4 consecutive pay stubs are attached.*
- *Bi-weekly pay: 2 consecutive pay stubs are attached.*
- *Twice monthly pay: 2 consecutive pay stubs are attached.*
- *Monthly pay: 2 full consecutive months of pay stubs are attached.*
- *For no income, a zero income statement is attached.*

I hereby certify that I have completed this checklist and this application is complete.

Printed name of person accepting this completed application:_____

Signature of person accepting this completed application:_____

Date:_____