

- _____ 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

Halifax County Schools

North Carolina 2021 – 2022 Pre-Kindergarten

APPLICATION

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, 2020

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT ENROLLMENT: Is child currently enrolled in a licensed child care center or home, preschool, Head Start or Public School program? Yes No If "yes", what is the name of center or school and in what town is it located: _____

How long has child been enrolled? _____

Is child eligible for subsidized child care through DSS? Yes No If "yes", are you currently receiving subsidized child care through DSS? Yes No If "no", reason: _____

PREVIOUS ENROLLMENT: If child is not currently enrolled, has child ever been enrolled in a child care center or home, preschool, Head Start, Smart Start, Pre-K, or Public School program? Yes No If "yes", name of center or school and in what town located: _____

When was child enrolled? From: _____ Until: _____

DO NOT LEAVE THIS SECTION BLANK: Please fill in the appropriate blank(s) for parents/guardians living with child in HIS/HER PRIMARY RESIDENCE. Funding sources require this information to determine eligibility. You must provide documentation of income. For example: W2 form, 1040, pay stub, child support, SSI, unemployment, foster care, letter showing work first amount, etc. (No Bank Statements). Weekly Pay: 4 consecutive pay stubs are required. Bi-weekly pay: 2 consecutive paystubs are required. Monthly pay: 2 full month's pay stubs are required.

Regular gross income may include income earned through sales commissions averaged over several months, regular employment through a temporary employment agency, child support, alimony payments, and workman's compensation. Do not include parent, stepparent or child SSI, adoptive assistance, foster care payments or other irregular income like over-time, temporary unemployment pay, Work First, Food Stamps, student loans.

Is child's mother/step-mother 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: _____

Mother/Step-mother'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 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.**





Halifax County Schools North Carolina 2020 – 2021 Pre-Kindergarten

APPLICATION CHECKLIST

- Every question on this application is complete and is signed by the parent/guardian/custodian.
- Birth certificate OF THE CHILD APPLYING is attached to this application.
- 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.
- Copy of current educational/developmental screenings/evaluations indicating developmental or educational need are attached to this application.
- Copy of child's Individualized Education Program (IEP) from a public school is attached to this application.
- 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.*
- 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: _____