

**FREDERICK COUNTY PUBLIC SCHOOLS
PREKINDERGARTEN APPLICATION 2020-2021 SCHOOL YEAR**

Applying for FCPS public prekindergarten program, regardless of the time of year, DOES NOT automatically guarantee enrollment. Every attempt is made to provide space for as many children as possible, but because of funding restrictions, spaces are limited. In order for your application to be considered, all appropriate information must be completed and accompanied by ALL required documentation. Incomplete applications will not be processed and may affect your child's placement.

Please Print:

Child's Name	Date of Birth (Must be 4 years old by 9/1/20)
Parent/Guardian Name	Home Phone
Email	Work Phone
School	Cell Phone

I. GUIDELINES FOR AUTOMATIC PLACEMENT – Income information MUST be documented for eligibility for Automatic Placement in the Pre-K program.

<p>A. FOOD SUPPLEMENTAL PROGRAM (FSP) OR TEMPORARY CASH ASSISTANCE (TCA) <input type="checkbox"/> FSP Verification Letter Case Number _____ <input type="checkbox"/> TCA Verification Letter Case Number _____</p>			
<p>B. FOSTER CHILD: <input type="checkbox"/> Yes, Child is in Foster Care. Please attach court documentation. The foster parent/official representing the child must sign the application.</p>			
<p>C. HOMELESS: <input type="checkbox"/> Yes, the child is considered homeless. <i>School to complete FCPS Notification of New Homeless Student Form.</i> If the family indicates shared housing, further inquiry from FCPS's Department of Student Services to determine whether the student should be considered homeless.</p>			
<p>If A, B or C (above) do not apply, TOTAL HOUSEHOLD GROSS INCOME must be verified to qualify for Automatic placement. List all Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each income source. If they do not receive income from any source, write "\$0". If you enter "\$0" or leave any fields blank, you are certifying (promising) that there is no income to report. Household Gross Income <u>MUST</u> be documented by submitting one of the following for <u>EACH</u> Household Member receiving income: <input type="checkbox"/> Three (3) current paystubs within the last six months from each employer; <input type="checkbox"/> 2019 Federal Tax return (1040) or 2019 W2's; <input type="checkbox"/> Unemployment verification <input type="checkbox"/> Other: _____</p> <p>"Household member" – Anyone who is living with you and shares income and expenses, even if not related."</p>			
FIRST & LAST NAMES OF ALL HOUSEHOLD MEMBERS (Including All Children)	GROSS EARNINGS FROM WORK (Before Taxes + other Deductions)	Child Support, Alimony, Public Assistance	Pension, Retirement, Social Security, Other Income
	Monthly Income	Monthly Income	Monthly Income
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$
6.	\$	\$	\$
Total Number in Household:		# Adults:	# Children:

* Total Monthly Income x 12 Months = \$ _____ Annual Household Gross Income

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II. GUIDELINES FOR HIGH PRIORITY PLACEMENT –

Does your child have a **documented** disability? (Please check all that apply)

- Speech Hearing Vision Physical Disabilities Other (Please Explain)

** Documentation in the form of a current IEP must be provided*

Did your child receive pre-school special education services? Yes No

If yes, please specify (Child Find, Infants and Toddlers, etc.) _____

** Documentation must be provided (i.e. Child Find Report, Infants and Toddlers Report, etc.)*

What language(s) did your child first learn to speak? _____

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

What language(s) are spoken in your home? _____

III. GUIDELINES FOR LOW PRIORITY PLACEMENT – Please check all that apply to you or your child:

- | | |
|---|--|
| <input type="checkbox"/> Child's birth weight less than 6 pounds | <input type="checkbox"/> Language other than English is the primary language spoken in the home |
| <input type="checkbox"/> Single parent (separation, divorce) | <input type="checkbox"/> Child has serious injury/trauma |
| <input type="checkbox"/> Hospitalization/chronic illness of parent/guardian/sibling | <input type="checkbox"/> Child abuse/neglect |
| <input type="checkbox"/> Drug/alcohol abuse of parent/guardian | <input type="checkbox"/> Chronic illness (e.g. asthma, diabetes, etc., * Documentation Required) |
| <input type="checkbox"/> Parent(s)/sibling death | <input type="checkbox"/> Parent(s) did not complete high school |
| <input type="checkbox"/> Parent(s) are or have been incarcerated | <input type="checkbox"/> Child has long-term use of medications |
| <input type="checkbox"/> Parent or sibling has an emotional or physical disability | <input type="checkbox"/> Parent(s) are adolescents completing high school |
| <input type="checkbox"/> Child raised by relative/guardian | <input type="checkbox"/> Child has been adopted |
| <input type="checkbox"/> Child has exposure to lead | <input type="checkbox"/> Child's sibling has a history of poor school performance |
| | <input type="checkbox"/> Mother's current age 22 or younger |
| | <input type="checkbox"/> None of the above |

Certification: I hereby certify that this information is correct and that all income reported is accurate. If required, I have attached proof of income for each "household member" to this application. I understand that this information is being provided for consideration for my child's placement in the Pre-kindergarten program. I understand that school officials may verify the information on this form at any time. I understand that if any of the information is inaccurate, my child's placement in the program may be jeopardized.

Confidentiality: Pre-Kindergarten applications are confidential and will remain on file for one year. School officials use this information to determine eligibility. The eligibility information for your child may be given to local officials for evaluation purposes and may be used for reporting to state officials administering and funding the program.

Parent/guardian Signature (Application not valid if not signed and dated by parent/guardian):

Date: