Application for Pre-Kindergarten

Nordheim Independent School District 500 North Broadway Nordheim, TX 78141 2016-2017

Telephone: 361 938-5211 Fax: 361 938-5266

S 29.153 of the Texas Education Code lists qualifications of children for Pre-Kindergarten programs. The child whose name appears below is applying to be considered for entry into the Nordheim Independent School District's Pre-Kindergarten program. Please complete the application by printing the required information.

Child's Name	Child's SSN	Child's Birth Date	Total Number in Household
Parent's Name	Address		Phone Number

Criteria for admittance:

Child will be 4 years of age on or before September 1, 2012.

Child is a resident of the Nordheim Independent School District.

Child is an approved transfer student.

Child meets immunization requirements.

Please complete the following section about household income. Please complete the attached home language survey. This information will be used to determine state funding eligibility.

2016-2017 Income Chart to Determine Economically Disadvantage Status for Pre-Kindergarten State Funding Eligibility

Househol	Total Income									
d Size	An	nual	Monthly		Twice Per Month		Every Two Weeks		Weekly	
No. of Household Members	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$15,444	\$21,978	\$1,287	\$1,832	\$644	\$916	\$594	\$846	\$297	\$423
2	\$20,826	\$29,637	\$1,736	\$2,470	\$868	\$1,235	\$801	\$1,140	\$401	\$570
3	\$26,208	\$37,296	\$2,184	\$3,108	\$1,092	\$1,554	\$1,008	\$1,435	\$504	\$718
4	\$31,590	\$44,955	\$2,633	\$3,747	\$1,317	\$1,874	\$1,215	\$1,730	\$608	\$865
5	\$36,972	\$52,614	\$3,081	\$4,385	\$1,541	\$2,193	\$1,422	\$2,024	\$711	\$1,012
6	\$42,354	\$60,273	\$3,530	\$5,023	\$1,765	\$2,512	\$1,629	\$2,319	\$815	\$1,160
7	\$47,749	\$67,951	\$3,980	\$5,663	\$1,990	\$2,832	\$1,837	\$2,614	\$919	\$1,307
8	\$53,157	\$75,647	\$4,430	\$6,304	\$2,215	\$3,152	\$2,045	\$2,910	\$1,023	\$1,455
For each additional family member, add	+\$5,408	+\$7,696	+\$451	+\$642	+\$226	+\$321	+\$208	+\$296	+\$104	+\$148

These guidelines are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2016 – June 30, 2017.

Please provide copies of income documentation for the following information:							
Name of Household Member	Job Income	How Paid? (Circle One)	Other Income	How Paid? (Circle One)			
1	\$	Yr. Mo. Wk.	\$	Yr. Mo. Wk.			
2	\$	_ Yr. Mo. Wk.	\$	Yr. Mo. Wk.			
3	\$	_Yr. Mo. Wk.	\$	Yr. Mo. Wk.			
4	4 \$		\$	Yr. Mo. Wk.			
Food Stamp, SNAP or TA	NF Case Nun	nber (copy of docun	nentation)				
I understand that school officials may verify the information on this application. I certify that all of the above information is true and correct and that all income is reported. Parent/Guardian Signature Date							
SSN CardBirth	Certificate _	Proof of Add	dressImn	nunization Records			
	_	 gNo					
TO E	BE COMPLET	ED BY SCHOOL	PERSONNEL				
(Attach Copies of Required Documentation) Limited English Proficient *Home Language Survey must indicate child hears /speaks a language other than English a home. *Child has been tested with oral English assessment. (Attach proof of assessment and scores. A score of 1, 2, or 3 indicates eligibility as LEP.) *Parent must sign Notification of Enrollment in Bilingual/ESL Program. Homeless *Child lacks a fixed, regular, and adequate residence. *Primary nighttime residence is a supervised public or private shelter designed to provide temporary living accommodations, or an institution that provides temporary residence for individuals intended to be institutionalized. *Primary nighttime residence is a public or private place not designed for, or ordinarily used as, a residence is a public or private place not designed for, or ordinarily used as, a regular sleeping							
accommodation for human beings.							
Income Eligibility							
Dependent of Active Duty Member of the Military; Mobilized Reservist/Guardsman; Service Member who was injured, died, or killed while serving on active duty. *Department of Defense Identification *Statement of Service *Purple Heart Orders or Citation *Death Certificate using appropriate Department of Defense Form							
Copies of the following information required for enrollment:							
Signature of Superintendent							
Signature of Superintendent Kevin Wilson							