

# Application for Pre-Kindergarten

Nordheim Independent School District  
500 North Broadway  
Nordheim, TX 78141  
2020-2021  
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		Phone Number	
Physical Address		Mailing Address	

**Criteria for admittance:**

- Child will be 4 years of age on or before September 1, 2020.
- 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

Please provide copies of income documentation for the following information:

Name of Household Member	Job Income	How Paid? <b>(Circle One)</b>	Other Income	How Paid? <b>(Circle One)</b>
1. _____	\$ _____	Yr. Mo. Wk.	\$ _____	Yr. Mo. Wk.
2. _____	\$ _____	Yr. Mo. Wk.	\$ _____	Yr. Mo. Wk.
3. _____	\$ _____	Yr. Mo. Wk.	\$ _____	Yr. Mo. Wk.
4. _____	\$ _____	Yr. Mo. Wk.	\$ _____	Yr. Mo. Wk.

Food Stamp, SNAP or TANF Case Number (copy of documentation) \_\_\_\_\_

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

**Copies of the following information required for enrollment:**

\_\_\_\_ SSN Card \_\_\_\_ Birth Certificate \_\_\_\_ Proof of Address \_\_\_\_ Immunization Records

**TO BE COMPLETED BY SCHOOL PERSONNEL**

(Attach Copies of Required Documentation)

\_\_\_\_\_ **Approved for State Funding**

\_\_\_\_\_ **Not Eligible for State Funding**

\_\_\_\_\_ **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

\_\_\_\_\_  
**Signature of Superintendent**  
**Kevin Wilson**