



## 2020-2021 Pre-Kindergarten Eligibility Form

### STUDENT INFORMATION

Legal Name:

\_\_\_\_\_  
 Last First Middle

\_\_\_\_\_  
 Address Street Name City State/Zip

For the above address, is the Mortgage/Lease and Utility Bill in Parent's/Guardian's Name? ☐ Yes ☐ No

If box is checked no, you will need to make an appointment with MISD Administration to apply for Temporary Residency.

Date of Birth \_\_\_\_\_ Gender : ☐ Female ☐ Male

Month/Day/Year

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
 First and Last Name MISD Neighborhood School

### ELIGIBILITY INFORMATION

Answer all eight questions below and attach the documentation for any YES answers.

Language	Does your child speak English? (If YES, skip to next box.)  What language is spoken in your home most of the time?  _____ What language does your child speak most of the time?  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 yr. old PreK	Was your child in a public school 3 year old PreK program in another district? If YES, what district? And if yes, provide documentation.  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless	Is the child homeless? If YES, attach verification of homeless status.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military	Is the child an active duty military dependent or the child of an injured/disabled/deceased member of the armed forces? If YES, provide verification of active duty military status to office.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foster Care	Is the child (or has the child been) in foster care or in the conservatorship of the Department of Family and Protective Services? If YES, attach foster care documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Star Of Texas Award	Is the child of a person who has been awarded or nominated for the Star of Texas Award? If a recipient of the Star of Texas Award, please provide a copy of the award certificate as a Peace Officer, Firefighter, or First Responder.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Income	Do you receive Food Stamps or TANF? If YES, attach letter with EDG (Eligibility Determination Group) number	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does your child receive Medicaid Free or Medicaid Reduced benefits? If YES, attach a copy of a card or document showing proof.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	*If NO to either questions above, complete the chart below listing ALL family members including yourself in the household & <b>ATTACH THE LAST FOUR PAY STUBS</b> that show GROSS INCOME (before taxes and deductions).  Number in Household: _____	

First/Last Name	Age	School Name, if student	Income before Taxes			Child Support/Alimony	Other Income
			\$	per			
			\$	per			
			\$	per			
			\$	per			
			\$	per			

Use reverse for additional family members.

SPECIAL SERVICES INFORMATION	
Is the child currently attending PPCD/ECSE or being evaluated for special services in MISD or another school district?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have concerns regarding your child's development? (Example: difficulty communicating; problems hearing, walking, or learning; slow development of skills.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PRE-QUALIFICATION AGREEMENT

Please sign below to indicate that you have read and understand the Pre-Qualification Agreement.

Incomplete applications or lack of verification forms will not be processed.

**Please turn this document into Becki Krsnak, [becki\\_krsnak@misd.gs](mailto:becki_krsnak@misd.gs), or at the district administration building or a campus.**

Signature _____	Date _____
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**\*PK campus will be determined based on enrollment availability at the time the application is approved.**

(Para uso exclusivo de la oficina) <b>For Office Use Only: Approved Campus</b> _____ <b>Reviewed/Approved &amp; Date:</b> _____ <b>Qualification:</b> <input type="checkbox"/> LEP <input type="checkbox"/> Homeless <input type="checkbox"/> Military <input type="checkbox"/> Foster Care <input type="checkbox"/> Star of Texas <input type="checkbox"/> Medicaid/TANF <input type="checkbox"/> Income <input type="checkbox"/> PreK 3 <input type="checkbox"/> Denied
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