

Student Name _____ Date of Birth _____

Snook Elementary - PRE-KINDERGARTEN ELIGIBILITY - 2023-2024
SECTION A

- YES NO Is the student unable to speak and comprehend the English language?
- YES NO Is the student currently enrolled in a Head Start Program (HSP)?
- YES NO Is the student homeless, as defined by 42 U.S.C. Section 1143a?
- YES NO Is the student a child of an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority?
- YES NO Is the student a child of a member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who was injured or killed while serving on active duty?
- YES NO Has the student ever been in the conservatorship of the Department of Family and Protective Services (*foster care*) following an adversary hearing?
- YES NO Is the student a child of a person eligible for the Star of Texas Award as: a peace officer under Section 3106.002, Government Code; a firefighter under Section 3106.003, Government Code; or an emergency medical first responder under Section 3106.004, Government Code?

SECTION B

- YES NO Do you receive Supplemental Nutrition Assistance (EDG)? # _____
- YES NO Do you receive Temporary Assistance to Needy Families (TANF)? # _____

SECTION C

Complete only if both answers in SECTION B are "NO."

How many members are in the household (include all adults and children)? _____

What is the TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF ALL HOUSEHOLD MEMBERS? _____

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment, and all other sources of income.

SIGNATURE

I certify that the information provided is true and correct and that all income is reported. I understand that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution under applicable state law. Furthermore, I recognize that any falsification of records or omission of information may prevent Snook ISD from providing required services for my child.

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA), no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent, or legal guardian.

£ I certify that all the information on this form is true and that all income is reported. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

£ I choose not to provide this information. I understand the school's disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Office Use Only:

____ Direct Certification

____ Reduced

____ Free

____ Tuition (\$400)