**Applicant Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_

**Section 1. Eligibility Information**

|  |  |  |
| --- | --- | --- |
| 1. Is this child receiving SNAP (food stamp) benefits? | Yes No | If YES, you must provide a copy of your certification letter that includes your Case and Eligibility Group #’s and list all household members in Section 2. |
| 2. Is a parent or guardian of this child serving in active duty in the military? | Yes No | If YES, you must provide a copy of the parent/guardian’s active duty letter. |
| 3. Has this child ever been in the conservatorship of the Texas Department of Family and Protective Services? | Yes No | If YES, you must provide a copy of the verification letter provided by DFPS or CPS |
| 4. What language does your child speak most of the time? | |  |

*\*If Questions 1-3 do not apply to your household, complete Section 2 and provide proof of all income\**

**Section 2. Household and Income Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Member Names** | Monthly Gross Income (Before Deductions) | Child Support Income | Additional Income |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| **Total Monthly Income** |  | | |

I certify that all of the above information is true, correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; 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 and Federal laws.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Parent/Guardian*

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only:

This student qualifies for the PK program based on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

Verified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_