



CHARTER STUDENT ADMISSION APPLICATION

UT Elementary School Charter

(Nombre del campus de la escuela charter / Nombre de la escuela charter)

Student Information (Información Estudiantil)

Required Information (información requerida)*

Please enter name as shown on birth certificate
(Por favor ingrese el nombre como se muestra en el certificado de nacimiento)

Last Name (Apellido)*

Suffix (Sufijo)

First Name (Primer Nombre)*

Middle Initial (Inicial del segundo nombre)*

Date of Birth (Fecha de nacimiento)*

Gender (Género)*

Grade Applying For (Grado que solicita)*

Voluntary Information (información voluntaria)

If yes, please enter the name of the student's sibling, staff, or board member.
(En caso sí, ingrese el nombre del hermano, el personal o el miembro de la junta)

Student Identification Number (if known) or
Last four (4) digits of Social Security Number (SSN)
(Número de identificación del estudiante (si se
conoce) o Últimos cuatro dígitos del Número de Seguro
Social)

Yes (Sí) No (No)

I have another child attending this charter school.
(Tengo otro hijo que asiste a esta escuela charter)

Yes (Sí) No (No)

This is a child of a staff or board member.
(Este es un hijo de un miembro del personal o de la junta)

Primary Guardian Information (Tutor Legal)

Last Name (Apellido)*

First Name (Primer Nombre)*

Street Address of Primary Residence
(Dirección de la residencia principal)*

City (Ciudad)* State (Estado)* Zip Code (Código Postal)*

Contact Phone Number (Teléfono de contacto)*

Email Address (Correo Electrónico)

CERTIFICATION (Required): By checking this box, I certify to the best of my knowledge and belief that the information in this application is complete and accurate, I am the legal guardian of the child listed above, and I understand that any false information, omission, or misrepresentation of facts may result in the rejection of this application or future dismissal of the applicant.

CERTIFICACION (Requerida): Al marcar esta casilla, certifico a mi leal saber y entender que la información en esta solicitud es completa y precisa, soy el tutor legal del niño mencionado anteriormente, y entiendo que cualquier información falsa, omisión, o la tergiversación de los hechos puede resultar en el rechazo de esta solicitud o en el futuro despido del solicitante.

This school does not discriminate on the basis of sex, national origin, ethnicity, religion, disability, or academic or athletic ability.
(Esta escuela no discrimina por sexo, origen nacional, etnia, religión, discapacidad, or capacidad académica o atlética.)



The University of Texas Elementary School

Little Longhorns

PRE-K New Student Application Form 2022-2023 Tuition Federal

A. Student Information

Last Name: _____
First Name: _____
Middle Name: _____
Birth Date: _____ Age on September 1, 2022: _____
Home Address: _____ Zip Code: _____
Home Phone: _____
District of Residence: _____ Previous School: _____

B. Parent/Legal Guardian Information

Full Name: _____ Relationship: _____
Home Address: _____ Home Phone: _____
Email Address: _____ Cell Phone: _____
Language Preference: _____

Full Name: _____ Relationship: _____
Home Address: _____ Home Phone: _____
Email Address: _____ Cell Phone: _____
Language Preference: _____

C. Please attach the following required documentation:

- Child's Birth Certificate
- Proof of Residency (full page of Electric Bill or Lease Agreement)
- Parent Picture ID
- Pre-Kindergarten Application (Included)
- Home Language Survey (Complete at UTES)
- Application Fee (\$30-TUITION ONLY) OR
Proof of Income (Current Pay Stub*/SNAP Eligibility Letter)

**If you are paid weekly, you must provide your past two (2) pay stubs.*

Office Use Only (please use initials):

Stamp Received →

Payment: Cash Check

Check # _____

Time: _____

Notes: _____



**The University of Texas Elementary School
2022-2023 Pre-Kindergarten Application**

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 _____
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The University of Texas Elementary School

2200 East 6th Street, Austin, Texas 78702

Pre-Kindergarten Tuition Agreement

Tuition is due in advance of services on the first day of the month. A \$10.00/day late fee is charged after the fifth day of the month. A fee will be charged for returned checks.

An advance notice of 30 days is required if you plan to withdraw from the school. Families are responsible for tuition during these 30 days.

- I agree to pay a \$ 150.00 deposit upon accepting an opening. Amount will be applied towards August tuition. **This deposit is non-refundable.**
_____parent/guardian initial
- I agree to pay \$ 700.00 per month for pre-k tuition beginning August 2022. Each payment will be due on the first of each month until May 2023.
_____parent/guardian initial
- Students enrolled in UTES pre-k tuition program will not be automatically enrolled in kindergarten for the 2020-2021 school year. If I live in one of the seven zip codes (78702, 78721, 78722, 78723, 78724, 78741 & 78744) I may apply for the lottery. If I do not live in one of the above zip codes I will not be able to apply to UTES.
_____parent/guardian initial

Student Name _____

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Accepted by: _____
UT Elementary School Office Staff

Date

University of Texas Elementary Charter School

HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12): The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English, as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website: <https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf>

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: _____

STUDENT DOB: _____

ADDRESS: _____

TELEPHONE #: _____

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is spoken in the child's home **most of the time**? _____

2. What language does the child speak **most of the time**? _____

Signature of Parent/Guardian

Date

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.