HOWARD COUNTY
PUBLIC SCHOOL SYSTEM

Application for Early Admission to Prekindergarten
School Year 2009-10

Child's Name _____ Child's Birth Date _____/_____/_____
(Last) (First) Month Day Year

Home Elementary School _____

Parent/Guardian Name _____ Parent/Guardian Name_____
(Last) (First) (Last) (First)

Day Phone/s _____ Day Phone/s _____

Address _____ Address _____

_____ _____

The following section of the application must be completed before a child will be considered for early admission to prekindergarten. <u>ONLY CHILDREN WHO ARE ELIGIBLE FOR FREE OR REDUCED MEALS WILL BE CONSIDERED FOR EARLY ADMISSION</u>.

Household Members & Monthly Income

Names of ALL Household Members	**Gross Monthly Earnings (before deductions)** Job 1	Job 2	Monthly Payments, Child Support, TCA, Alimony, Food Stamps	Monthly Payments, Pensions, Retirement, Social Security	Any Other Monthly Income
1.	$	$	$	$	$
2.	$	$	$	$	$
3.	$	$	$	$	$
4.	$	$	$	$	$
5.	$	$	$	$	$
6.	$	$	$	$	$
7.	$	$	$	$	$

NOTE: Please check if this application is for: ❑ **Foster Child**
List the child's monthly personal use income: $_____
(Write "0" if the child has no personal use income.)

I hereby certify that the above information is true and correct. I understand that this information is being provided for possible early admission to prekindergarten, and that school officials may verify the information on this form. I agree to provide a copy of my 2008 tax return if requested. I understand that if any of the information above is false, it is possible that my child may not be considered or may be removed from the program once enrolled. I also understand that, if my child is admitted early to prekindergarten, I must complete the Howard County Public School System's student registration packet.

_____ _____
Parent/Guardian's Signature Date

Please return to: Lisa J. Davis – Coordinator, Early Childhood Programs, Howard County Public School System, 10910 Route 108, Ellicott City, MD 21042