



<p>FOR OFFICE USE ONLY</p> <p>Application Received ___/___/___</p> <p>Supporting Documents Received ___ Yes ___ No</p> <p>Application Status: ___ qualifies ___ does not qualify</p> <p>Accept or Denial Letter sent ___/___/___</p>

HCPSS Pre-K Program Application for 2022-2023 School Year

Please complete this form and submit with the supporting documents listed to any HCPSS elementary school. Contact The Office of Early Childhood at 410-313-5693 with questions. Families that need language support should contact the International Student Registration Office at 410-313-1525. **The HCPSS Pre-K program is only located at selected school sites. Students attend the school to which they are assigned.**

Name of Child: _____
(Last, First)

Child's Date of Birth (must be 4 years old by September 1, 2022) ___/___/___

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Email Address: _____ Phone: _____

First Priority Criteria

Maryland State Department of Education requires that the Pre-K program be made available to children who are homeless, in foster care, or whose families qualify under the [Free and Reduced-Price Meal income guidelines](#).

Please check all that apply:

- Household qualifies for [Free and Reduced Meals/FARMS](#).
- Child lacks a fixed, regular, and adequate nighttime residence.
- Child is in formal or informal foster care.

Second Priority Criteria

When space allows, as determined by the Superintendent/Designee, children who meet second priority criteria **may** be enrolled. Please check all that apply:

- English Language Learner
- Has health concerns
- Has a history of receiving other services (Early Intervention, special education, social services, etc.)
- Has a family history of learning difficulties
- Meets household income up to 300% of the [Federal Income Eligibility Guidelines](#)

Household Members & Monthly Income

List **all** people living in the household including all children. List all current household income, where applicable, before expenses and deductions for taxes, etc., and how often it is paid: weekly (wk), every two weeks (bi-wk), twice a month (twice), or monthly (mo). If your income varies, write the amount you usually earn. If a household member does not receive any income, please enter a "0" next to their name. If you enter "0," you are certifying there is no income to report. Use additional paper if needed. **Note: Parents/Guardians should submit one month of consecutive pay stubs and they must be submitted within 30 days of this application.**

Last Name	First Name	Relationship to Child	Birth Date	Earnings from Work before deductions Job 1		Earnings from Work before deductions Job 2		All Other Income Child Support, Alimony, TCA, Disability, Social Security; financial support	
				Amount	How Often	Amount	How Often	Amount	How Often

Proof of Family Income / Supporting Documents Required

The documents listed below are necessary to determine if your child qualifies for Pre-K. Families may be asked to provide additional information to determine eligibility. All applicants must submit a copy of **one** of the following (a legible scanned copy is acceptable):

- Tax return -1040, W2s, Schedule C/1099
- Pay stubs
- Notarized Employment Letter
- Notarized letter of no income
- Military Income
- Proof of additional income (TCA letter, child support, rental income, unemployment verification, etc.)
- Food Stamp approval letter and number
- Social Service Determination letter (includes WIC eligibility)
- Documentation for a child in foster care

Parent/Guardian Signature

Total Number of Household Members (Family Size) _____

Total Family Annual Household Income \$ _____

- I understand that this information is being given for consideration of placement in the HCPSS Pre-K program. I certify that all the above information is true and that all income is reported. I understand that this information may be given for the school's receipt of state funds and that school officials may verify the information. Falsification of any information submitted may be cause for rejection of this application or removal from the program after placement.

Parent/Guardian Signature: _____ Date: _____

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HCPSS or Program Staff Only

Percentage of FPG % _____

Signature of Official Reviewing Documentation: _____

Date: _____