



FOR SCHOOL USE ONLY
Application Received: ___ / ___ / ___
Financial Documents Received:
<input type="checkbox"/> YES <input type="checkbox"/> NO
Application Status:
<input type="checkbox"/> Student Qualifies
<input type="checkbox"/> Student Does Not Qualify
Status Letter Mailed: ___ / ___ / ___

HCPSS Pre-K Program Application for 2018-2019

A completed application can be returned to any elementary school. To find your elementary school, please visit www.hcpss.org then scroll down to Services & Information, then choose School & Bus Locator.

Name of Student: _____
(Last, First)

Child's Gender (please circle one) Boy Girl

Child's Birthdate (must be four years old by September 1st) _____ / _____ / _____

Elementary School: _____

Parent(s)/Guardian(s) Name(s): _____
(Last, First)

Parent(s)/Guardian(s) Address: _____

Parent(s)/Guardian(s) Phone: _____

Parent(s)/Guardian(s) Email: _____

Please Complete the Following:

Does your child have a regular, fixed place to spend the night? Yes No
If no, please provide details: _____

Has your child ever received special education services? Yes No
(Infants & Toddlers, Speech/Language Therapy, Occupational Therapy, Special Education Preschool)

If yes, please provide details: _____

Has your child ever been in foster care? Yes No

If yes, please provide details: _____

Financial information is necessary to determine program eligibility—please complete the information below:

I agree to provide a copy of my most recent tax return or one of the following forms of documentation: two weeks of pay stubs, Food Stamp approval letter and number, Social Service Determination letter, or documentation for a child in foster care to verify income eligibility for the HCPSS Pre-K program.

Household Members & Monthly Income

- If any of the information provided below is found to be false, your child may be removed from the program.
- Documentation provided must match income amounts listed here. If not, additional documentation may be requested.
- If you enter ‘0’ or leave any fields blank, you are certifying there is no income to report. Additional documentation may be requested.
- Definition of “household member”: *Anyone who is living with you and shares income and expenses, even if not related.*

Names of ALL Household Members	Gross Monthly Earnings (before deductions) <i>list income as whole dollars only</i>		Monthly Payments: Child Support, Temporary Cash Assistance, Alimony	Monthly Payments: Pensions, Retirement, Social Security	Any Other Regular Monthly Income
	Job 1	Job 2			
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, and that all regular income is reported. I understand that this information is being given for consideration of placement in the HCPSS Pre-K program.

Parent/Guardian Signature: _____ Date: _____