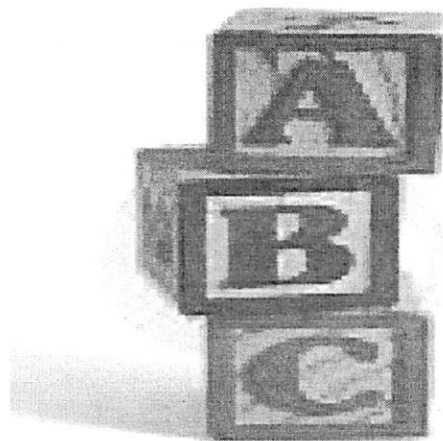


Your Child May Be Eligible for Preschool IF:

- ❖ your child will be 4 by October 1, 2011 and meets the income guidelines OR
- ❖ your child will be 3 or 4 and has a disability or delay



Preschool Enrollment Form

Child's Name _____

Date of Birth _____ M F

Phone _____ Cell Phone _____

Address _____

(Parent/Guardian will be asked to provide proof of income and home address.)

Language: _____

Previous school attended: _____

Previous day care attended: _____

Previous services received: _____

Do you have any special concerns? What are they? _____

Parent/Guardian 1

Name: _____ Relation to student _____

Employer: _____ Work Phone: _____

Email address: _____

Parent/Guardian 1

Name: _____ Relation to student _____

Employer: _____ Work Phone: _____

Email address: _____

Emergency Contact

Name: _____ Relation to student _____

Phone: _____

**IF YOUR CHILD WILL BE
FOUR YEARS OLD BY OCTOBER 1, 2011
COMPLETE THIS FORM**

**WARREN COUNTY SCHOOLS
PRESCHOOL INCOME ELIGIBILITY
2011-2012 SCHOOL YEAR ONLY**

To apply for preschool complete, attach documentation, sign and return this application to your school or Taysha Oglesby at 274 Cypresswood Way, Bowling Green, KY 42104 (781-1987 ext.107)

PART 1 - PRESCHOOL STUDENT INFORMATION

PRINT the name, date of birth, and the school where the child will attend preschool.

First Name, Last Name	DOB	School	EBT Food Stamp (16 Digit number & monthly amount)	Foster Child
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

FOSTER CHILD ONLY: A Foster Child is the legal responsibility of the welfare agency or court.

PART 2 - LIST ALL HOUSEHOLD MEMBERS List everyone in your household including all adult members, school-age children AND all preschool age students listed in Part 1.

NAME:		GROSS MONTHLY INCOME*:			
First	Last	Work earnings (before deductions)	Welfare, Child Support, Alimony, K-TAP	Pensions, Retirement, Social Security	All Other Income Received
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____

*To determine monthly income: Weekly income X 4.33 Every 2 weeks X 2.15 Twice a month X 2 Annual income ÷ 12

PART 3 - Verify Income or Foster Child status - Attach a copy of one of the following forms of documentation: wage stubs, W2, tax form, agency letter or temporary custody order.

PART 4 - SIGNATURE I certify that all of information is true and correct, that all income is reported and/or the food stamp number is reported correctly. 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.

Signature of Adult Household Member _____ Date _____

Printed Name of Adult Household Member _____ Home Phone #: _____ Work Phone #: _____

Mailing Address _____ City _____ State _____ Zip Code _____

You must provide your current mailing address.

FOR SCHOOL USE ONLY – DO NOT WRITE BELOW THIS LINE

Total Household Size: _____ Monthly Income: _____ Food Stamp
 Denied Reason for denial _____ *Income* over allowed amount _____ Incomplete/missing _____ Wrong age
 Date: _____ Signature/Initial of determining official: _____ Date notice sent: _____

VERIFICATION

Selection Method: <input type="checkbox"/> Random <input type="checkbox"/> Focused <input type="checkbox"/> 100% <input type="checkbox"/> Other	Date Selected for Verification: Response Due from Households: Second Response Sent:	<input type="checkbox"/> Food Stamp/K-TAP Eligibility <input type="checkbox"/> Not Confirmed Confirmed: <input type="checkbox"/> Food Stamp/K-TAP Office <input type="checkbox"/> Notice of Eligibility <input type="checkbox"/> Notification Card, Issued	<input type="checkbox"/> Income \$ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Wage Stubs <input type="checkbox"/> Written Documents <input type="checkbox"/> Agency Records <input type="checkbox"/> Other
Verification Results: <input type="checkbox"/> No Change <input type="checkbox"/> Ineligible	Reason for Eligibility Change: <input type="checkbox"/> Income <input type="checkbox"/> Household Size <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Other:	Date Adverse Notice Sent: _____ Date Change: _____ Signature of Verifying Official: Date:	