

Neches Independent School District

Pre-K application



Student Name: _____ Date of Birth: _____

Social Security Number: _____ Age as of September 1, 2024: _____

Student Address: _____

Phone Number 1: _____ Phone Number 2: _____

Parent Name: _____ Email Address: _____

Parent Name: _____ Email Address: _____

Neches ISD Employee: Yes No Campus: _____

What is your Home Address School District: _____

Applicant applying for Transfer: Y or N (circle one)

Please answer all the following questions. If you answer Yes to any of these, send documented proof of eligibility for early registration.

Do you receive Food Stamps ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide Food Stamp Number:	
Do you receive TANF ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide TANF Number:	
Do you receive SSI Benefits ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide SSI Number:	
Is or has the child ever been in the custody of the Texas Department of Family and Protective Services following an adversarial hearing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child Homeless ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child a dependent of an active duty member of the Military ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child a dependent of an active duty member of the Military who was injured or killed ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child speak a language other than English ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the parent/guardian received the Star of Texas Award for peace officers, firefighters, and emergency medical first responders in the State of Texas?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please fill out the information below if your child will qualify for the state mandated no cost PK based on income level.

Full Legal Name of ALL People Living within your household	Number of people in household	Earnings from work before deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Check if No income is received	Paid weekly, monthly, every 2 weeks, annually, etc.
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

I certify that all of the information provided on this form is true and correct and that all income is reported, if needed. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on this application; and that deliberate misrepresentation of the information may subject me to prosecution under State and Federal laws and the withdrawal of my child.

Parent Signature: _____ Date: _____

(This portion for Staff use only)

Student Name: _____ Student Date of Birth: _____

Approval Based On:		
Limited English Proficient (all required)		
Home Language Survey		
Testing Documents		
LPAC Placement		Date of Meeting:
Income Eligibility		Date Qualified:
Homeless		Date:
Military (one required)		
Department of Defense ID (DO NOT COPY)		Date Viewed:
		Signature:
State of Service		
Death Certificate		
Purple Heart Orders of Citation		
Missing in Action		
Line of Duty Determination showing wounded or injured NOT in combat		
VA Disability Paperwork		
Foster		
Texas DFPS Letter		
Form 2085		
Star of Texas Award		
Award Certificate		

Determined Eligibility:

_____ Eligible Not Eligible _____

Print & Signature of verifying Staff: _____

Date: _____

Notification Letter of Eligibility mailed: Y or N

Date: _____