

LTISD Prekindergarten Eligibility Form 2020-2021

1. COMPLETE STUDENT INFORMATION

Student's Full Name:

(Last) _____ (First) _____ (Middle) _____

Address: _____ Zip Code: _____

Phone Number: _____ Date of Birth: _____ Sex: M F

Home Campus: *Prekindergarten is located at LTE, SHE and LPE, based on your child's Middle School attendance zone.*

- 101 Lake Travis EI (LTE)
 102 Lakeway EI (LWE)
 103 Bee Cave EI (BCE)
 104 Lake Pointe EI (LPE)
 105 Serene Hills EI (SHE)
 106 West Cypress Hills EI (WCH)
 107 Rough Hollow EI (RHE)

2. CHOOSE QUALIFIER

	Qualifier	Documentation Required
<input type="checkbox"/>	1. Be unable to speak and comprehend the English language; or	<ul style="list-style-type: none"> Language Testing completed by the child's home campus.
<input type="checkbox"/>	2. Be educationally disadvantaged, which means a student eligible to participate in the national free or reduced-price lunch program; or *see Federal Income chart below*	<ul style="list-style-type: none"> Completed income chart below. Copy of last pay statements confirming eligibility. Submitted Federal Lunch Form at the beginning of the 2019-2020 school year.
<input type="checkbox"/>	3. Be homeless, as defined by 42 United States Code (U.S.C.) Section 1143a, regardless of the residence of the child, of either parent of the child, or of the child's guardian or other person having lawful control of the child; or	<ul style="list-style-type: none"> Completed McKinney Vento Form (included in registration package) indicating that the child's residence status is considered homeless by the guidelines stated.
<input type="checkbox"/>	4. Be the child of an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority; or	<ul style="list-style-type: none"> Visual verification of parent's Military ID (Copies cannot be made of Military IDs) <i>Administrator or Registrar: initial and date here upon visual verification: _____; OR</i> Copy of Military Statement of Service.
<input type="checkbox"/>	5. Be the child of a member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who was injured or killed while serving on active duty; or	<ul style="list-style-type: none"> Copy of required documentation (List on TEA Website)
<input type="checkbox"/>	6. Be in, or have been in, the conservatorship of the Department of Family and Protective Services (DFPS) following an adversary hearing held as provided by Section 262.201, Family Code; or	<ul style="list-style-type: none"> Enrollment letter from DFPS stating that the child is eligible for PK services; OR Documentation from DFPS stating that child is currently in Foster Care.
<input type="checkbox"/>	7. Be the child of a person eligible for the Star of Texas Award as a peace officer (3106.002), firefighter (3106.003), or emergency medical first responder (3106.004).	<ul style="list-style-type: none"> Copy of resolution (certificate) awarded to an individual by the office of the Governor, Criminal Justice Division

*******If qualifying under qualifier 1, 3, 4, 5, 6 or 7 STOP HERE*******

3. IF QUALIFYING FOR ELIGIBILITY #2: Complete the chart below and attach Income Verification.

A. Name List EVERYONE living in the HOUSEHOLD, including adults and minors	B. Income and how often it is received Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M).				C. Check if NO income
	Earnings from work before deduction	Welfare, child support, alimony	Pensions, retirement, SS	Other income	
Example: Smith, Jane	\$200/E	\$50/M			<input type="checkbox"/>
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>

4. IF QUALIFYING FOR ELIGIBILITY #2: Circle one total income of EVERYONE living in the household.

Income Eligibility (Subject to Change for the (2019-2020 School Year))				
Household size	Yearly	Monthly	Weekly	
1	\$23,606	\$1,968	\$454	
2	\$31,894	\$2,658	\$614	
3	\$40,182	\$3,349	\$773	
4	\$48,470	\$4,040	\$933	
5	\$56,758	\$4,730	\$1,092	
6	\$65,046	\$5,421	\$1,251	

OFFICE USE ONLY

Circle Qualifier #: 1 2 3 4 5 6 7
 APPROVED DENIED

Administrator's Signature for Approval: _____

Date: _____