

**SANDY CREEK CENTRAL SCHOOL DISTRICT
PRE-K ELIGIBILITY FORM**

Office Use Only
____/____/____
Date Received

Child's Name: _____ Birth Date: _____ - _____ - _____
(Last) (First) (M. Initial) (child must be 4 years of age by Dec. 1)

Parent/Guardian Name(s): _____

Sex: M _____ F _____ Non-Binary/X _____ Social Security Number: _____ - _____ - _____

Copy of Birth Certificate: _____

If you don't have a copy, please bring original, we'll make a copy

Home Address: _____

Mailing Address: _____

Home Phone: _____ - _____

If your family has a limited income, this may be an enrollment consideration in your favor.

Economic Enrollment Factors:



(A) Food Stamp Case Number: _____

(B) ADC/TANF Number: _____

or, complete the following:

Only Complete this section if you qualify under A, B, or C. If you automatically qualify under A or B, do not complete C. If necessary, there is an income eligibility chart included for your reference.

(C) HOUSEHOLD MEMBERS & MONTHLY INCOME: If you did not give a food stamp, AC/TANF Number

Names of Household Members	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement, Social Security	Any Other MONTHLY Income
	Job 1	Job 2			
_____	\$	\$	\$	\$	\$
_____	\$	\$	\$	\$	\$
_____	\$	\$	\$	\$	\$
_____	\$	\$	\$	\$	\$
_____	\$	\$	\$	\$	\$

SOCIAL SECURITY NUMBER: _____ - _____ - _____ If part (C) is completed, the form must contain the Social Security Number of the person who signs. If the adult does not have a Social Security Number, write "NONE" here: _____

SIGNATURE: An adult household member MUST sign the form before it can be approved.

I certify that all of the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds; that school officials may verify the information on the form and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE OF ADULT: _____ Date Signed: _____