SANDY CREEK CENTRAL SCHOOL DISTRICT
PRE-K ELIGIBILITY FORM

Child's Name: ____________________________
(Last) (First) (M. initial) Birth Date: __ - __ - __

Parent/Guardian Name(s): ____________________________________________________

Sex: M __ or F __ 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: ____________________________________________________________
(only list if different)

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:

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

<table>
<thead>
<tr>
<th>Names of Household Members</th>
<th>Gross MONTHLY Earnings (Before Deductions)</th>
<th>MONTHLY Welfare Payments, Child Support, Alimony</th>
<th>MONTHLY Payments from Pensions, Retirement, Social Security</th>
<th>Any Other MONTHLY Income</th>
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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: ______