

WEST PERRY SCHOOL DISTRICT

Pre-K Application

This information is confidential to the West Perry Pre-K Program

Date _____

(Child's Last Name)

(Child's First Name)

(Child's Middle Initial)

Date of Birth: ____ / ____ / ____ Current Age: ____ Household Family Size: ____

****Must attach a copy of the child's birth certificate****

To Document Family Size:

Please provide the names and ages of people in the household counted for reported family size.

Name	Age

Primary Language (Check one): _____ English _____ Spanish _____ Other (Specify) _____

Family Type (Check one): _____ One Parent _____ Two Parent
_____ Foster _____ Child living with relative
_____ Other (Please specify) _____

Street Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ Work Phone: _____

Email Address: _____

Household Income (required) check box:		
<input type="checkbox"/> Less Than \$5,000	<input type="checkbox"/> \$5,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$15,000
<input type="checkbox"/> \$15,001 - \$20,000	<input type="checkbox"/> \$20,001 - \$25,000	<input type="checkbox"/> \$25,001 - \$30,000
<input type="checkbox"/> \$30,001 - \$35,000	<input type="checkbox"/> \$35,001 - \$40,000	<input type="checkbox"/> \$40,001 - \$45,000
<input type="checkbox"/> \$45,001 - \$50,000	<input type="checkbox"/> \$50,001 - \$60,000	<input type="checkbox"/> \$60,001 - \$70,000
<input type="checkbox"/> \$70,001 - \$100,000	<input type="checkbox"/> More Than \$100,000	

****Must attach income verification as documentation****

Those families with income at or below 300% of the federal poverty level are given priority.

Other Child Eligibility Risk Factors Considered in Addition to Income (Must check all that apply):

<input type="checkbox"/>	Currently Enrolled in Head Start Home-based Program. Enrollment verification required
<input type="checkbox"/>	Teen Mother: A child whose mother was under the age of 18 when the child was born.
<input type="checkbox"/>	Behavioral Supports: A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required.
<input type="checkbox"/>	Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	Education Level of Guardian: Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	English Language Learner: A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.
<input type="checkbox"/>	Individualized Education Plan (IEP): A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider.
<input type="checkbox"/>	Incarcerated Parent: A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<p>Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:</p> <ul style="list-style-type: none"> A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; B. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.
<input type="checkbox"/>	Migrant (Non-Immigrant)/Seasonal Student: A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.

Permission Form:

All applicants are asked to complete a “Permission for Exchange of Information” form (enclosed). This permission will allow West Perry School District to request student records from educational, medical, and behavioral health providers. These records are important in determining appropriate educational services in the Pre-K program. **Please complete the highlighted items on the form.** Should you want to fill out additional information, please do so.

*Note: All families meeting the Head Start income eligibility guidelines have the option of enrolling in that program. Head Start locations are offered at Newport Elementary and Susquenita Elementary. If you would like information on enrolling with Head Start INSTEAD of West Perry Pre-K, please indicate so below by checking the box:

Yes! If I am eligible for the Head Start program at Newport or Susquenita Elementary, please contact me with more information.

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided. I give permission for West Perry School District to provide this information to the Pennsylvania Department of Education as required for PA Pre-K Counts program reporting.

Parent/Guardian Signature

Date

Parent/Guardian Name – Please Print

Office Use Only:

Signature of Staff Member Reviewing Application for Eligibility

Date

- I have included income verification information (i.e. W-2, two consecutive pay stubs, tax returns, a letter from the Social Security Administration, benefit checks, etc.).
- I have included a copy of my child’s birth certificate.
- I have included a completed “Permission for Exchange of Information” form



WEST PERRY SCHOOL DISTRICT
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 Elliottsburg, PA 17024
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 www.westperry.org

PERMISSION FOR EXCHANGE OF INFORMATION

Check appropriate line(s):

- X Consent for West Perry School District to release information
- X Consent for West Perry School District to receive information

In regard to **Name:** _____ **DOB:** _____
 School: West Perry Pre-K Program

By placing **my INITIALS on the line(s) in front of the categories listed below**, I give the West Perry School District consent to release or receive information in that category:

- | | |
|--|--|
| <input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Psychiatric Reports |
| <input type="checkbox"/> "Case Histories" (Family Background, Medical History, Interpersonal Relationships) | <input type="checkbox"/> Physician Reports |
| <input type="checkbox"/> Counselor or Teacher Reports (Observations, Anecdotal Records) | <input type="checkbox"/> Evaluation Report/Reevaluation Report |
| <input type="checkbox"/> Hospital or Clinic (Medical History, Medical Records, Clinical Reports, Laboratory Reports, Audiological Reports) | <input checked="" type="checkbox"/> Verbal Consultation |
| <input type="checkbox"/> Instructional Personnel Reports (Speech/Language Clinician, Physical Therapist, etc.) | <input checked="" type="checkbox"/> Confirmation of Enrollment in Program |
| <input type="checkbox"/> Individualized Education Program | <input type="checkbox"/> Other (specify) _____ |

Agencies, Persons, or Institutions Authorized to Release/Receive Information:

Identifying Name: Capital Area Intermediate Unit Address: 55 Miller Street, Enola PA 17025
 Identifying Name: Capital Area Head Start Address: 3700 Vartan Way M, Harrisburg PA 17110

OTHER – Please list identifying names and contact information for any psychologists, psychiatrists, behavioral health specialists, etc.:

Identifying Name: _____ Address: _____
 Phone #: _____

Identifying Name: _____ Address: _____
 Phone #: _____

The information is to be exchanged with the understanding that appropriate confidentiality will be maintained. Photostatic copies of this authorization shall be considered valid. The permission granted shall expire one year from the date of signature.

 (Parent, Guardian, Student or Surrogate Parent's Signature)

 (Address) _____ (Date) _____

 (City, State and Zip Code) _____ (Phone Number) _____