

**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: \_\_\_\_\_

<b>Household Income (required) check box:</b>		
<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\*\***

Those families with income at or below 300% of the federal poverty level are given priority. For more information, please reference the Federal Poverty Level Guidelines at the end of this document.

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

<input type="checkbox"/>	<b>Currently Enrolled in Head Start Home-based Program.</b> Enrollment verification required
<input type="checkbox"/>	<b>Teen Mother:</b> A child whose mother was under the age of 18 when the child was born.
<input type="checkbox"/>	<b>Behavioral Supports:</b> 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"/>	<b>Child Protective Services:</b> A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	<b>Education Level of Guardian:</b> Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	<b>English Language Learner:</b> 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"/>	<b>Individualized Education Plan (IEP):</b> 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"/>	<b>Incarcerated Parent:</b> A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	<p><b>Homeless:</b> A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following:</p> <ul style="list-style-type: none"> <li>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;</li> <li>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;</li> <li>C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.</li> </ul>
<input type="checkbox"/>	<b>Migrant (Non-Immigrant)/Seasonal Student:</b> 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.

- I have included income verification information (W-2, pay stubs)
- I have included a copy of my child's birth certificate.

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:**

**2017 Federal Poverty Level Guidelines**

300%			
Family Size	Annual	Monthly	Weekly
1	\$36,180	\$3,015	\$696
2	\$48,720	\$4,060	\$937
3	\$61,260	\$5,105	\$1,178
4	\$73,800	\$6,150	\$1,419
5	\$86,340	\$7,195	\$1,660
6	\$98,880	\$8,240	\$1,901
7	\$111,420	\$9,285	\$2,142
8	\$123,960	\$10,330	\$2,383
<b>Each Add'l</b>	<b>\$12,540</b>	<b>\$1,045</b>	<b>\$241</b>

**Actual Annual Verified Gross Household (Family)**

**Income:** \$ \_\_\_\_\_

- Family income is at or below 300% of federal poverty level – consider for Pre-K slot with Pre-K Counts funds
- Family income is NOT at or below 300% of federal poverty level – consider for Pre-K slot with alternate funds

\_\_\_\_\_  
**Staff Verifying Income and Risk Factors (Signature)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Staff Verifying Income and Risk Factors (Print Name)**