

Office Use Only			
90	130	10	NV
____3yo	____4yo	____	IEP
____Points			

2018-2019 Preston County Pre-K Student Information Application

School Choice: _____
1st
2nd
3rd

****If child attends school out of their attendance area , transportation of student is the responsibility of the parent/guardian ****

STUDENT INFORMATION

Student Name: _____ Gender: Male/Female

Birthdate: (mm/dd/year) _____/_____/_____ Age: _____
Last
First
Middle

Birthplace (City & State): _____ Social Security # _____

Has the child attended a school in Preston County? Yes No If so, where? _____

FAMILY INFORMATION

Physical Address: _____ Town: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____ Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell phone(s): _____

Student lives with (circle one): Both parents Mother only Father only Other: _____

Are there any custody restrictions? ___Yes ___No Verification on file? ___yes ___No ___N/A

NOTE: Any custody restrictions must be documented by a court order. A copy of the court order must be provided to the school office

Is your current housing a temporary living arrangement due to loss of housing or economic hardship? YES NO

Is this student in a foster care placement? YES NO

FATHER/GUARDIAN NAME: _____

MOTHER/GUARDIAN NAME: _____

OTHER CUSTODIAL GUARDIAN: _____
Relationship

EMERGENCY CONTACT (OTHER THAN ABOVE) _____

PRIMARY E-MAIL ADDRESS: _____

SECONDARY E-MAIL ADDRESS: _____

ETHNICITY INFORMATION

Native Language: _____(household language)

EN=English SP=Spanish FR=French HI=Hindu JA=Japanese GF=German PT=Portuguese
IT=Italian PO=Polish HM=Hmong NA=Navajo TH=Thai AR=Arabic VT=Vietnamese
TA=Tagalog LA=Laotian RU=Russian CA=Cambodian KO=Korean CC=Chinese Cantonese CR=Creole (French)
CM=Chinese Mandarin OT=Other

Does your child speak a language other than English? YES NO If so, which language? _____

Does either parent/guardian speak a language other than English in the home? YES NO If so, which language? _____

Is student Hispanic/Latino? ___Yes ___ No

From the racial categories below, circle one or more races with which you identify:

Asian Pacific Islander Afro-American White American Indian/Alaskan Native

MEDICAL INFORMATION

Do you have any concerns about your child's health or development? ___ Yes ___ No

If yes, please describe: _____

I verify that my child has ongoing source of Medical care with: _____

I verify that my child has ongoing source of Dental care with: _____

Type of Insurance: () Medicaid ()CHIPS ()Private () Other: _____

Please complete the requested information below *The income information will be evaluated according to the "income Guidelines" established by the United States Department of Health and Human Services to determine Head Start Eligibility.

ALL INFORMATION WILL BE STRICTLY CONFIDENTIAL

NUMBER OF FAMILY MEMBERS LIVING IN THE HOME: _____

NAME

RELATIONSHIP

DATE OF BIRTH

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCOME DATA

HOUSEHOLD INCOME	
**This information is used to determine if additional information is needed to ensure funding sources for preschool services*	
<input type="checkbox"/>	\$11,670-\$15,171
<input type="checkbox"/>	\$15,730-\$20,449
<input type="checkbox"/>	\$19,790-\$25,727
<input type="checkbox"/>	\$23,850-\$31,005
<input type="checkbox"/>	\$27,910-\$36,283
<input type="checkbox"/>	\$31,970-\$41,561
<input type="checkbox"/>	\$36,030-\$46,839
<input type="checkbox"/>	\$40,090-\$52,117
<input type="checkbox"/>	I do not wish to provide income

In the past year, has anyone in your household received or been eligible for any of the following?

<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> TANF/WV Works
<input type="checkbox"/> WIC
<input type="checkbox"/> SNAP
<input type="checkbox"/> WV Birth to Three
<input type="checkbox"/> Mountain Heart
<input type="checkbox"/> EHS
<input type="checkbox"/> Day Care
<input type="checkbox"/> Special Education Services

Housing:
<input type="checkbox"/> Own
<input type="checkbox"/> Rent
<input type="checkbox"/> HUD or Low Income
<input type="checkbox"/> Shared Housing
<input type="checkbox"/> Shelter
<input type="checkbox"/> Homeless
<input type="checkbox"/> Foster Care
<input type="checkbox"/> Living with Family or Friends

Do you fall under the definition of HOMELESS as defined by the McKinney-Vento Homeless Assistance Act: YES NO

The McKinney-Vento Homeless Assistance Act defines homeless children and youth as individuals who lack a fixed, regular, and adequate nighttime residence and includes: (a) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement, (b) children and youth 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 and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings, and (d) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in (a) through (c).

