

Office Use Only			
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# 2019-2020 Preston County Pre-K Student Information Application

School Choice: \_\_\_\_\_  
1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

**\*\*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**

<b>HOUSEHOLD INCOME</b>	
**This information is used to determine if additional information is needed to ensure funding sources for preschool services*	
___	\$11,670-\$15,171
___	\$15,730-\$20,449
___	\$19,790-\$25,727
___	\$23,850-\$31,005
___	\$27,910-\$36,283
___	\$31,970-\$41,561
___	\$36,030-\$46,839
___	\$40,090-\$52,117
___	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?

___ Supplemental Security Income (SSI)
___ TANF/WV Works
___ WIC
___ SNAP
___ WV Birth to Three
___ Mountain Heart
___ EHS
___ Day Care
___ Special Education Services

Housing:
___ Own
___ Rent
___ HUD or Low Income
___ Shared Housing
___ Shelter
___ Homeless
___ Foster Care
___ 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).

