



NOTE: Confidential Information—Applications will remain on file for five years.

Anne Arundel County Public Schools | Office of Early Childhood

Prekindergarten Application

For School Use Only

Completed application received:

Date: _____ Time: _____

Income is reported accurately below: Y N

Child's Information

Last Name		First Name	
Street Address (Apt #)			Date of Birth
City			Zip Code
Home Phone	Parent/Guardian Work Phone	email	

Category 1: Household Income

We are homeless or living in a shelter. Yes No

If you choose not to complete the income information you may continue with Category 2.

Maryland Senate Bill 856 requires that family income be used to identify students for Category 1 placement into public prekindergarten. Household income must be documented by submitting one of the following:

- Federal Tax Form 1040 (gross income)
- Active Temporary Cash Assistance Award Letter
- Active Food Stamp Award Letter
- Foster Care Proof of Income

Household Members and Monthly Income

Name of Household Members (Include the child named above)	Last Month's Gross Earnings from Work (Before Deductions)		Last Month's Welfare Payments, Child Support, Alimony	Last Month's Payments from Pension, Retirement, Social Security	Any Other MONTHLY Income (including Housing allowance, COLA)	Check if no income	Social Security Number only if income is reported
	Job 1	Job 2					
1.	\$	\$	\$	\$	\$		
2.	\$	\$	\$	\$	\$		
3.	\$	\$	\$	\$	\$		
4.	\$	\$	\$	\$	\$		
5.	\$	\$	\$	\$	\$		
6.	\$	\$	\$	\$	\$		
7.	\$	\$	\$	\$	\$		
8.	\$	\$	\$	\$	\$		
9.	\$	\$	\$	\$	\$		
Totals							Monthly Income:

Category 2: Please check those items that are relevant to your child:

<input type="checkbox"/>	Does not speak English. Language spoken at home is:	
<input type="checkbox"/>	Prior participation in Head Start or Even Start programs	School Use Only: Documents provided? Y N
	<i>When?</i>	<i>Where?</i>

Individualized Education Plan (IEP or IFSP) from Child Find/Special Education or other agency for disability. If yes, please specify. **(Note: Parent must report current IEPs)**

Reason(s) for referral: _____

Agency providing referral: _____

IEP/IFSP on file at: _____

Documented emergency, health situations, or home and family circumstances, including:

Chronic illness of parent/guardian/child

Death of parent(s)

Child abuse or neglect

Please supply any additional information that would be helpful to school personnel.

Parent/Guardian Information

I certify that all of the above information is true and correct and that all income is reported and accurate. I understand that this information is being given for placement in prekindergarten and school officials may verify the information on the form. Deliberate misrepresentation of the information will jeopardize my child's prekindergarten placement.

Printed Name of Parent/Guardian	Signature	Date

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing that your child is eligible for prekindergarten.

Fair Hearing: You may talk to your school administrator or School Performance Director if you do not agree with the school's decision about your child's prekindergarten eligibility or the results of verification.

Confidentiality: Prekindergarten applications will remain confidential. School officials use the information on the form to determine if your child is eligible for prekindergarten. The name and eligibility status of your child may be given to local Title I officials for allocation and evaluation purposes, used for National Assessment of Educational Progress analyses and given to other federal and state education or state health programs. No other use of this information is permitted.