



**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
- Active WIC (Women, Infants, and Children) Award Letter

**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.	\$	\$	\$	\$	\$		
<b>Totals</b>							<b>Monthly Income:</b>

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

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

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**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
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**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.