

2025-2026 PREKINDERGARTEN APPLICATION

Allegany County Public Schools

PROGRAM AGE REQUIREMENTS

<u>Pre-k 3</u> 3 years old by 9/1/2025 Born between: 9/1/2022 – 8/31/2023	<u>Pre-k 4</u> 4 years old by 9/1/2025 Born between: 9/1/2021 – 8/31/2022
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STUDENT INFORMATION

Child's Legal Name		Date of Birth (MM/DD/YYYY)	
Parent/Guardian Name		Relationship to Child	
Street Address:	City:	State:	Zip:
Child's Primary Home Address			
Parent/Guardian Phone Number		Parent/Guardian Email Address	

PUBLIC SCHOOL PROGRAM PREFERENCE

HEAD START PARTICIPATION & PREFERENCE

<u>Pre-k 3</u>	<u>Pre-k 4</u>	
<input type="checkbox"/> AM Pre-k 3	<input type="checkbox"/> AM half-day Pre-k 4	<input type="checkbox"/> Currently enrolled in Head Start _____ <i>Location Name</i>
<input type="checkbox"/> PM Pre-k3	<input type="checkbox"/> PM half-day Pre-k 4	<input type="checkbox"/> I am also interested in applying for Head Start
	<input type="checkbox"/> Full-day Pre-k 4	<input type="checkbox"/> I have already applied for Head Start
		<input type="checkbox"/> I want to attend ½ day Head Start & ½ day Pre-k

PRIVATE PREKINDERGARTEN PREFERENCE

<input type="checkbox"/> Name of private pre-k provider: _____
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PLEASE CHECK ALL APPLICATION ELIGIBILITY FACTORS THAT APPLY

<input type="checkbox"/>	Family Household Income (all applicants)
<input type="checkbox"/>	McKinney-Vento (child lacks a fixed, regular, and adequate night time residence)
<input type="checkbox"/>	Special Education IEP or IFSP
<input type="checkbox"/>	Foster Care (child is currently in a Foster Care program)
<input type="checkbox"/>	Multilingual Learner (Please complete a Home Language Survey)

PLEASE CHECK, IF APPLICABLE TO CHILD

<input type="checkbox"/>	Biological parent separated from child due to death, deployment, incarceration, or court order
<input type="checkbox"/>	Chronic lingering health concern (mental or physical)
<input type="checkbox"/>	Child lives with grandparents, elderly guardian, or other non-parent relative (parent is not present)

FOR ACPs OFFICE USE ONLY

Student's Name		Date of Birth (MM/DD/YYYY)	
		Approved	Denied
Home School	Requesting Out of District to	Out of District Request Status	

ENROLLMENT DOCUMENTATION

<input type="checkbox"/>	Parent or Guardian Photo ID
<input type="checkbox"/>	Birth Certificate, Birth Registration, Physician's Certificate, Hospital Certificate, Parent or Guardian Affidavit
<input type="checkbox"/>	Proof of Residency (utility bill, lease, deed, bank statement, mail received from government office)
<input type="checkbox"/>	Immunization Records
<input type="checkbox"/>	Proof of Income
<input type="checkbox"/>	<input type="checkbox"/> Tax Document – W2, 1090, 1040
<input type="checkbox"/>	<input type="checkbox"/> Paystubs - Weekly paystubs (4), Bi-weekly or Twice per month paystubs (2), Monthly paystubs (1)
<input type="checkbox"/>	<input type="checkbox"/> SNAP, TCA, TANF
<input type="checkbox"/>	<input type="checkbox"/> Notarized letter from employer or Notarized letter of no income
<input type="checkbox"/>	<input type="checkbox"/> Documentation of additional income (child support, disability, social security, unemployment)

PROGRAM PLACEMENT

<u>Pre-k 3</u>		<u>Pre-k 4</u>	
<input type="checkbox"/> AM 1/2 day ACPS	<input type="checkbox"/> PM 1/2 day ACPS	<input type="checkbox"/> AM 1/2 day ACPS	<input type="checkbox"/> PM 1/2 day ACPS
<input type="checkbox"/> AM 1/2 day Head Start	<input type="checkbox"/> PM 1/2 day Head Start	<input type="checkbox"/> AM 1/2 day Head Start	<input type="checkbox"/> PM 1/2 day Head Start
<input type="checkbox"/> Regional Special Needs		<input type="checkbox"/> Full-day	
<input type="checkbox"/> Private Pre-k Provider _____		<input type="checkbox"/> Regional Special Needs	
		<input type="checkbox"/> Private Pre-k Provider _____	

<u>Tier 1</u>			
<input type="text"/> FPL % (Round up to nearest 10 %)	<input type="text"/> Annual Income	<input type="text"/> Household Size	<input type="text"/> 300% and below

<u>Tier 2</u>			
<input type="text"/> FPL % (Round up to nearest 10 %)	<input type="text"/> Annual Income	<input type="text"/> Household Size	<input type="text"/> Between 301-600% FPL

<u>Tier 3</u>			
<input type="text"/> FPL % (Round up to nearest 10 %)	<input type="text"/> Annual Income	<input type="text"/> Household Size	<input type="text"/> 601% FPL and above

<u>Additional Eligibility Enrollment Factors</u>				
<input type="checkbox"/> McKinney-Vento	<input type="checkbox"/> Multilingual Learner	<input type="checkbox"/> Foster Care	<input type="checkbox"/> IFSP	<input type="checkbox"/> IEP