

2023-2024 PREKINDERGARTEN APPLICATION

Allegany County Public Schools

PROGRAM AGE REQUIREMENTS

<p>Pre-k 3 3 years old by 9/1/2023 Born between: 9/1/2019 – 8/31/2020</p>	<p>Pre-k 4 4-years old by 9/1/2023 Born between: 9/1/2018 – 8/31/2019</p>
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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

Pre-k 3	Pre-k 4
<input type="checkbox"/> AM half-day Pre-k 3	<input type="checkbox"/> AM half-day Pre-k 4
<input type="checkbox"/> PM half-day Pre-k 3	<input type="checkbox"/> PM half-day Pre-k 4
	<input type="checkbox"/> Full-day Pre-k 4

HEAD START PARTICIPATION & PREFERENCE

<input type="checkbox"/>	Enrolled in Head Start _____ <small align="right">Location Name</small>
<input type="checkbox"/>	I am interested in applying for Head Start
<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: _____ <small align="center">(N/A 2023-2024 School Year)</small>
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APPLICATION ELIGIBILITY FACTORS

<input type="checkbox"/>	Family Household Income
<input type="checkbox"/>	Homeless (child lacks a fixed, regular, and adequate night time residence)
<input type="checkbox"/>	Special Education (child has an IEP or an IFSP (Infant & Toddler Program))
<input type="checkbox"/>	Foster Care (child is currently in a Foster Care program)
<input type="checkbox"/>	English Language Learner

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)		
Home School	Requesting Out of District to		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">Approved</td> <td style="width:50%; text-align: center;">Denied</td> </tr> </table>	Approved	Denied
Approved	Denied		
	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"/>	Student Social Security Card (or number)
<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 <ul style="list-style-type: none"> • Tax Document – W2, 1090, 1040 • Paystubs - Weekly paystubs (4), Bi-weekly or Twice per month paystubs (2), Monthly paystubs (1) • Food Assistance Award Letter (SNAP) • Notarized letter from employer • Notarized letter of no income • Documentation of additional income (child support, disability, social security, unemployment)

PROGRAM PLACEMENT

Pre-k 3		Pre-k 4	
<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 _____	

Enrollment Factors

<input type="checkbox"/> Homeless	<input type="checkbox"/> English Language Learner	<input type="checkbox"/> Foster Care	<input type="checkbox"/> IFSP	<input type="checkbox"/> IEP
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Tier 1

<input type="text"/> FPL % <small>(Round up to nearest 10 %)</small>	<input type="text"/> Annual Income	<input type="checkbox"/> Household Size	<input type="checkbox"/> 185% and below <small>(1/2 day)</small>	<input type="checkbox"/> 300% and below <small>(Full-day)</small>
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Tier 2

<input type="text"/> FPL % <small>(Round up to nearest 10 %)</small>	<input type="text"/> Annual Income	<input type="text"/> Household Size	<input type="checkbox"/> Between 301-600% FPL
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Tier 3

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