

2024-2025 PREKINDERGARTEN APPLICATION

Allegany County Public Schools

**PROGRAM AGE REQUIREMENTS**

<p><b><u>Pre-k 3</u></b> 3 years old by 9/1/2024 Born between: 9/1/2020 – 8/31/2021</p>	<p><b><u>Pre-k 4</u></b> 4 years old by 9/1/2024 Born between: 9/1/2019 – 8/31/2020</p>
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**STUDENT INFORMATION**

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

**PUBLIC SCHOOL PROGRAM PREFERENCE**

**HEAD START PARTICIPATION & PREFERENCE**

<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;"><b><u>Pre-k 3</u></b></td> <td style="width:50%; text-align: center;"><b><u>Pre-k 4</u></b></td> </tr> <tr> <td><input type="checkbox"/> AM Pre-k 3</td> <td><input type="checkbox"/> AM half-day Pre-k 4</td> </tr> <tr> <td><input type="checkbox"/> PM Pre-k3</td> <td><input type="checkbox"/> PM half-day Pre-k 4</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Full-day Pre-k 4</td> </tr> </table>	<b><u>Pre-k 3</u></b>	<b><u>Pre-k 4</u></b>	<input type="checkbox"/> AM Pre-k 3	<input type="checkbox"/> AM half-day Pre-k 4	<input type="checkbox"/> PM Pre-k3	<input type="checkbox"/> PM half-day Pre-k 4		<input type="checkbox"/> Full-day Pre-k 4	<input type="checkbox"/> Currently enrolled in Head Start _____ <span style="float: right; font-size: small;"><i>Location Name</i></span> <input type="checkbox"/> I am also 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
<b><u>Pre-k 3</u></b>	<b><u>Pre-k 4</u></b>								
<input type="checkbox"/> AM Pre-k 3	<input type="checkbox"/> AM half-day Pre-k 4								
<input type="checkbox"/> PM Pre-k3	<input type="checkbox"/> PM half-day Pre-k 4								
	<input type="checkbox"/> Full-day Pre-k 4								

**PRIVATE PREKINDERGARTEN PREFERENCE**

<input type="checkbox"/> Name of private pre-k provider: _____ <b>(N/A 2024-2025 School Year)</b>
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**PLEASE CHECK ALL APPLICATION ELIGIBILITY FACTORS THAT APPLY**

<input type="checkbox"/> Family Household Income (all applicants)
<input type="checkbox"/> Homelessness (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"/> English Language 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**

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

**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
<input type="checkbox"/>	Tax Document – W2, 1090, 1040
<input type="checkbox"/>	Paystubs - Weekly paystubs (4), Bi-weekly or Twice per month paystubs (2), Monthly paystubs (1)
<input type="checkbox"/>	SNAP, TCA, TANF
<input type="checkbox"/>	Notarized letter from employer or Notarized letter of no income
<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 %	<input type="text"/> Annual Income	<input type="text"/> Household Size	<input type="text"/> 300% and below
<small>(Round up to nearest 10 %)</small>			

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

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

<u>Additional Eligibility Enrollment Factors</u>				
<input type="checkbox"/> Homeless	<input type="checkbox"/> English Language Learner	<input type="checkbox"/> Foster Care	<input type="checkbox"/> IFSP	<input type="checkbox"/> IEP