



**BRAZOSPORT INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR PREKINDERGARTEN 2019-2020**

Greeting Parent/Guardian,

While it would be our pleasure to serve every student within the boundaries of BISD, the state outlines criteria that must be met in order for a student to be eligible for Pre-K. By state law, in order to be eligible for enrollment in a PK class, a child must meet the requirements outlined below. Therefore, it is necessary for the parent/guardian to complete this application and provide the required documentation in order for BISD to determine eligibility.

Criteria for Admittance

- Child will be 4 years of age on or before September 1, 2019 **AND** is a resident of BISD (check one):
 - Yes No
- Child meets immunization requirements:
 - Yes No
- Child meets at least one of the following criteria for admittance (please check **at least one**):
 - Child is unable to speak and comprehend the English language, **OR**
 - Child is educationally disadvantaged (please complete the Family Income table below), **OR**
 - Child is homeless, as defined by [42 USC §11302, and §11434a], **OR**
 - Child of active duty member of the armed forces of the United States, including the state military forces or a reserved component of the armed forces, who is ordered to active duty by proper authority; **OR**
 - Child of a member of the armed forces of the United States, including the state military forces or a reserved component of the armed forces, who was injured or killed while serving on active duty; **OR**
 - Child is or has ever been in the conservatorship of the Department of Family and Protective Services following an adversary hearing held as provided by Section 262.201, Family Code, **OR**
 - Child of a person who received the Star of Texas Award as a peace officer (Government Code Section 3106.002), firefighter (Section 3106.003), or emergency medical first responder (Section 3106.004) between 2004 and the current year, **OR**
 - Child receives Special Education Services from a school district and is age 3 or 4 (birthday anytime during the school year), **OR**
 - Child is the dependent of a Brazosport Independent School District Employee - **TUITION BASED**

CHILD & FAMILY INFORMATION:

Child's Name:		Birthdate:	
Parent's Name:		Child's Age on Sept. 1:	
Phone #:		Campus:	

FAMILY INCOME: (Parent/Guardian must provide this information along with the required documentation if qualifying based on income):

Household Member	Job Income	Payroll Schedule	Other Income	Payroll Schedule
1.	\$	YR MO WK	\$	YR MO WK
2.	\$	YR MO WK	\$	YR MO WK
Total Number in Household:				

Parent Statement of Understanding

I understand the school officials will verify the information on this application and contact me regarding my child's eligibility for Pre-k. I certify that the above information is true and correct and that all income is reported. Deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

Beginning July 1, I understand that I must apply online at <https://cyberfr.brazosportisd.net> to determine if my child qualifies for free and/or reduced meals for the 2019 - 2020 school year. This may also determine my child's eligibility for next year's Pre-K program.

Parent Signature: _____

Date: _____