



PRE-K APPLICATION

To the Parent(s)/Guardian(s) of Scurry-Rosser Students,

The application attached is used for Pre-K determination.

Along with your child's application we will need proof of income for a full month's wages. We will be happy to make copies of your original pay check stubs if needed. If you receive assistance such as SNAP please bring a copy of your letter showing it is current along with a completed application and this will be sufficient enough for proof of income.

We look forward to having your child join our Scurry-Rosser Family.

If you need further information or have any questions please call Kerri Phillips at 972-452-8823 ext. 1004 or email at kerri.phillips@scurry-rosser.com . Thank you.

Sincerely,

Cindy Reed-Wiedemann

Scurry-Rosser ISD

Pre K Application 2021-2022

STEP 1: Child Information

Child applying for Pre-K:

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____

Gender: M/F

Foster: Y/N

Family Information

Siblings:

Name: _____ Attends school: Y/N Grade: _____

Name: _____ Attends school: Y/N Grade: _____

Name: _____ Attends school: Y/N Grade: _____

Name: _____ Attends school: Y/N Grade: _____

If child listed in Step 1 is a participant in any of the following programs:

Foster/Homeless/Migrant, or runaway, skip step 2, and complete Step 3.

Do any household members (including you) currently participate in SNAP, TANF, and/or FDPIR?

If no complete steps 2 and 3.

If yes to **SNAP/TANF** please write the Eligibility Determination Group (EDG) number in this space

_____ skip step 2, and complete step 3.

If yes to **FDPIR** check here _____ skip step 2, and complete step 3.

STEP 2: Report Income for **ALL** household members (skip this step if you entered an **EDG** number or checked the box to indicate participation in **FDPIR** in step 1).

A. Total Household Members (children & adults) _____

B. Income for **ALL** adult Household Members (include yourself, but not children).

Indicate the frequency of income:

W=Weekly, **E**=Every 2 weeks, **T**=Twice per Month, **M**=Monthly, **A**=Annually

If they do not receive income from any source, write "0" If you write "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

| Adult's First/Last Name Do not include children | Work Earnings (Enter amount) | Frequency Circle one | Child Support/Alimony (Enter Amount) | Frequency Circle one | Other (Amount) | Frequency Circle one |
|--|---------------------------------|-------------------------|---|-------------------------|-------------------|-------------------------|
| 1. _____ | \$ _____ | W/E/T/M/A | \$ _____ | W/E/T/M/A | \$ _____ | W/E/T/M/A |
| 2. _____ | \$ _____ | W/E/T/M/A | \$ _____ | W/E/T/M/A | \$ _____ | W/E/T/M/A |
| 3. _____ | \$ _____ | W/E/T/M/A | \$ _____ | W/E/T/M/A | \$ _____ | W/E/T/M/A |

Step 3: Contact Information and Adult signature.

Printed Name: _____ Signature: _____

Street address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Date: _____