



HCPSS Pre-K Program Application for 2021-2022 School Year

FOR OFFICE USE ONLY
Application Received ___/___/___
Supporting Documents Received ___ Yes ___ No
Application Status: ___ qualifies ___ does not qualify
Accept or Denial Letter sent ___/___/___

Please complete this form and submit with the supporting documents listed to any HCPSS elementary school or email to hcpss_pk@hcpss.org. Contact The Office of Early Childhood at 410-313-1268 with questions. Families that need language support should contact the International Student Registration Office at 410-313-1525 or 667-257-7484. **The HCPSS Pre-K program is only located at selected school sites. Students attend the school to which they are assigned.**

Name of Child: _____
(Last, First)

Child's Date of Birth (must be 4 years old by September 1 2021) ___/___/___

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Email Address: _____ Phone: _____

First Priority Criteria

Maryland State Department of Education requires that the Pre-K program be made available to children who are homeless, in foster care, or whose families qualify under the [Free and Reduced-Price Meal income guidelines](#).

Please check all that apply:

- Household qualifies for [Free and Reduced Meals/FARMS](#).
- Child lacks a fixed, regular, and adequate nighttime residence.
- Child is in formal or informal foster care.

Second Priority Criteria

When space allows, as determined by the Superintendent/Designee, children who meet second priority criteria **may** be enrolled. Please check all that apply:

- English Language Learner
- Has health concerns
- Has a history of receiving other services (Early Intervention, special education, social services, etc.)
- Has a family history of learning difficulties
- Meets household income up to 300% of the [Federal Income Eligibility Guidelines](#)

Household Members & Monthly Income

Please list **all** household members (including children) below. If a household member does not receive any income, please enter a "0" next to their name. If you enter "0," you are certifying there is no income to report.

Names of ALL Household Members (including children) Anyone who is living with you and shares income and expenses, even if not related	Gross Monthly Earnings (before deductions)		Any Other Monthly Payments Received i.e. Social Security, child support, retirement or pension, Temporary Cash Assistance, alimony or other regular, monthly income
	Job 1	Job 2	
1.	\$	\$	\$
2.	\$	\$	\$
3.	\$	\$	\$
4.	\$	\$	\$
5.	\$	\$	\$
6.	\$	\$	\$
7.	\$	\$	\$

Supporting Documents Required

The documents listed below are necessary to determine if your child qualifies for Pre-K. Families may be asked to provide additional information to determine eligibility. All applicants must submit a copy of **one** of the following (a legible scanned copy is acceptable):

- two weeks of pay stubs
- Food Stamp approval letter and number
- Social Service Determination letter (includes WIC eligibility)
- a copy of your most recent tax return
- documentation for a child in foster care

I understand that this information is being given for consideration of placement in the HCPSS Pre-K program. I hereby certify that the above information is true and correct, and that all regular income is reported. I understand that if any of the information provided is found to be false, my child may be removed from the program.

Parent/Guardian Signature: _____ Date: _____