

East Valley School District #361 2009/2010 Preschool Application

STAFF USE ONLY
Income Eligible Yes No
Disabilities _____

Child's first name _____ Child's legal last name _____ Middle Initial _____

Child's birthdate _____ Child's age _____ Certified birth certificate must be provided.

If a language other than English is spoken in the home, is a translator needed for the family? Yes No

If yes, what language? _____

Are you currently living with others on a temporary basis? Yes No Homeless? Yes No

Living in a shelter? Yes No Living in an unsafe situation? Yes No

Are you: Teen parent Single parent Two parent family Foster parent Grandparent

Other _____

Special Considerations/Priority for Enrollment

Has your child been diagnosed with, or is your child suspected of having a disability?

Yes: What? _____

No concerns

Does your child have a current Individual Education Plan (IEP) or an Individual Family Services Plan (IFSP)?

Yes No

This is the plan for disability services you made with school or agency staff. (If yes, please give East Valley School District a copy of your IEP/IFSP when you register your child.)

Do you have other concerns about your child? Please check all that apply.

Speech/Language Impairment Physical Impairment Emotional/Behavior Disorders

Vision Impairment/Blindness Developmental Delay No Concerns

Health Concerns (specify) _____

Other Concerns (specify) _____

If you have any letters of referral from your doctor, public health nurse, or counselor who thinks your child should be enrolled, please send it to the East Valley School District Administration Office.

Referring agency _____

Name _____ Phone number _____

Eligibility Information and Income Statement

Proof of income is used to determine East Valley School District preschool eligibility: give **gross** income amount from all sources, **not** "take home" or after taxes and deductions. For example, if you enroll in August, your gross income from January 1 to December 31, must be less than the amount listed for your family unit (use specific dollar amounts).

Total gross income (all cash received before taxes, from all sources):

Family salaries _____ (Gross yearly salary does not include sources such as public assistance, child support, food stamps, etc.)

Check one: Last 12 months income Last calendar year income

Please check the type of written proof of income used (medical coupons are **not** sufficient proof of income):

Check stub from public assistance Letter from DSHS IRS tax forms Copies of pay stubs
 Letter from employer Other _____

Company/employer's name and address _____

Number in immediate family _____

Do you receive public assistance (TANF)? Yes No If YES, what is your case number? _____

Temporary Assistance for Needy Families (TANF) - Families receiving a cash award through TANF are income eligible even if they are receiving financial aid or SSI.

Type of assistance (please check all that apply) Cash grant Medical coupons Food stamps SSI
 Childcare assistance

Do you attend classes? SCC SFCC IEL EWU Other (specify) _____

PENALTIES FOR MISREPRESENTATION: I certify that all the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal or state funds; that institution officials may verify the information on the application; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of parent/guardian _____ Date _____

Signature of staff _____ Date _____

| Income Eligibility Guidelines | | | | | | |
|-------------------------------|---------------|----------------|--|----------------|---------------|----------------|
| Size of Family | Annual Income | Monthly Income | | Size of Family | Annual Income | Monthly Income |
| 1 | \$19,240 | \$1,604 | | 5 | \$45,880 | \$3,824 |
| 2 | \$25,900 | \$2,159 | | 6 | \$52,540 | \$4,379 |
| 3 | \$32,560 | \$2,714 | | 7 | \$59,200 | \$4,934 |
| 4 | \$39,220 | \$3,269 | | 8 | \$65,860 | \$5,489 |

For each additional member add: \$6,660 annual, \$555 monthly.

Total cash receipts include: public assistance, child support, SSI, unemployment compensation, Social Security, military family allotments, and college scholarships and grants. Financial aid grants must be counted if the parent is not receiving a cash grant through TANF and has received an award letter. Only the grant portion beyond the cost of the tuition, lab, registration, and parking fees must be counted as part of their annual income. Does not include: capital gains, bank loans, sale of property, house or car, tax refunds, gifts, lump-sum inheritances, one-time insurance payments, or non-cash benefits (i.e., food stamps, Medicare, etc.).

Please return your completed application to: East Valley School District #361
 Attention: Kim Linke
 12325 East Grace Avenue
 Spokane Valley, WA 99216
 509-924-1830