

**APPLICATION FOR PREKINDERGARTEN, 2023-2024**  
**Bishop Consolidated Independent School District**

§ 29.153 of the Texas Education Code list qualifications of children for the prekindergarten programs as follows:

- Child will be 4 years of age on or before September 1, 2023; and
- Child is a resident of the Bishop Consolidated Independent School District; and
- Child meets immunization requirements; and
- Child meets at least one of the following conditions:
  - is unable to speak and comprehend the English language; or
  - be educationally disadvantaged (eligible to participate in the National School Lunch Program [NSLP]); or
  - is homeless; or
  - be the child of an 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 a reserved component of the armed forces, who was injured or killed while serving on active duty; or
  - has ever been in the conservatorship of the Texas Department of Family and Protective Services (foster care) following an adversary hearing or were in foster care in another state or territory but now resides in Texas.
  - is the child of a person eligible for the Star of Texas Award as:
    - a. a peace officer under Section 3106.002, Government Code;
    - b. a firefighter under section 3106.003, Government Code; or
    - c. an emergency medical first responder under Section 3106.004, Government Code.
  - PK eligible previous year at age 3 but not eligible through any other criteria above or a 5 year old was eligible for enrollment at the age of 4 in the previous school year, and the parent requested that they be retained in PK.

The child whose name appears below is applying to be considered for entry in the Bishop Consolidated Independent School District's prekindergarten program.

Child's Name: \_\_\_\_\_ Child's SSN: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Household Members and Income from Last Month (List each person in the household. For each person who receives income, write the amount received and how often it is received.)

Name (List everyone in the household)	Income and how often it is received (Weekly {W}, Monthly {M}, Every 2 Weeks {E}, Twice a Month {T})	
	Earnings from work before deductions	Other Income
1.	\$ /	\$ /
2.	\$ /	\$ /
3.	\$ /	\$ /
4.	\$ /	\$ /
5.	\$ /	\$ /
6.	\$ /	\$ /
7.	\$ /	\$ /
8.	\$ /	\$ /
9.	\$ /	\$ /

I understand that school officials may verify the information on this application. If investigation indicates false information has been provided and the child was not eligible to participate in the program at the time of this application, the child may be withdrawn from the program. I certify that all of 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 funds, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

TO BE COMPLETED BY SCHOOL PERSONNEL (Attach copies of required documentation)  
 APPROVAL BASED ON:

<b>Limited English Proficient:</b>	<b>Income Eligibility:</b> Any student considered educationally disadvantaged (ED) is eligible to receive free PK. The TEC, §5.001(4),	<b>Homeless:</b> Completed Student Residency Questionnaire must be
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