

LITTLE ROCK SCHOOL DISTRICT

Pre-Kindergarten Enrollment Information

To enroll an eligible child, the child's parent or guardian shall furnish documentation of eligibility and other required information, including household income and household member information. Children of parents or guardians refusing to furnish required information shall be deemed ineligible for participation. –Arkansas Better Chance Rules and Regulations, 4.05

PREKINDERGARTEN STUDENT INFORMATION

Student Name:	Date of Birth:	Social Security Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander			
Does Child have Medical Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Medical Insurance: <input type="checkbox"/> AR Kids 1st <input type="checkbox"/> AR Kids A <input type="checkbox"/> AR Kids B <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other (List):		Will child also be enrolled in HIPPPY or (Parents as Teachers) PAT? <input type="checkbox"/> Yes <input type="checkbox"/> No
Child's Medical Doctor: Doctor's Location: <input type="checkbox"/> Children's (ACH) <input type="checkbox"/> Other _____		Child's Dentist: Dentist's Location: <input type="checkbox"/> Children's (ACH) <input type="checkbox"/> Other _____	

HOUSEHOLD INFORMATION

Total number in the Family (Parents/children):	Total number who live in the Home:	TANF #:	Do you receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously	Do you receive Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current Housing: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other	Has the family moved in the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, previous housing: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other		

PRIMARY CAREGIVER (STUDENT LIVES IN SAME HOUSE)

Caregiver Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled	Education Level: <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Bachelors or higher	
Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander		
Name of Medical Insurance Provider:		

SECONDARY CAREGIVER (STUDENT LIVES IN SAME HOUSE)

Caregiver Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled	Education Level: <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College <input type="checkbox"/> Bachelors or higher	
Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander		
Name of Medical Insurance Provider:		

If assigned a Pre-K seat, I acknowledge the need to check in and attend school. If we fail to check in or attend the assigned school within the *first five days of school*, the assigned seat will be forfeited and assigned to another child.

Caregiver Initials

I understand transfers for older siblings of P3 or P4 students to his/her school WILL NOT BE GRANTED.

Caregiver Initials

I declare under the penalty of perjury and the rules and regulations of the Arkansas Better Chance program that the information supplied is true and correct.

I understand that the information I supplied may be independently verified by the Arkansas Division of Child Care and Early Childhood Education. Any false statements may result in exclusion from DHS programs including LRSD Prekindergarten program and criminal prosecution.

Parent/Guardian Signature: _____

Date: _____

EARLY CHILDHOOD OFFICE USE ONLY

ABC
 NON-ABC

Income _____

**LITTLE ROCK SCHOOL DISTRICT
Supplemental Prekindergarten Student Information
Early Childhood Office Use Only**

Student Name:

Caregiver Name:

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Please check all items below that apply to this child/family. Additional documentation may be required.

ABCSS		ABC
<input type="checkbox"/>	Family has gross income which does not exceed 200% of Federal Poverty Guidelines.	<input type="checkbox"/> Child has a demonstrable developmental delay as identified through screening.
<input type="checkbox"/>	Child is a foster child.	<input type="checkbox"/> Child is eligible for services under IDEA.
<input type="checkbox"/>	Parent is activated for overseas military duty.	<input type="checkbox"/> Parent has history of abuse or neglect or is a victim of abuse or neglect.
<input type="checkbox"/>	Child is in custody or /living with a family member other than father or mother.	<input type="checkbox"/> Child is has limited English proficiency.
<input type="checkbox"/>	Immediate family member arrested for or convicted of drug-related offense.	<input type="checkbox"/> At least one parent was younger than 18 years of age at child's birth.
<input type="checkbox"/>	Parent is incarcerated.	<input type="checkbox"/> Child had low birth weight (below 5 pounds, 9 ounces).
<input type="checkbox"/>		<input type="checkbox"/> At least one parent does not have a high school diploma or GED.
<input type="checkbox"/>		<input type="checkbox"/> Immediate family history of substance abuse/addiction.

Documentation of income eligibility provided.

<input type="checkbox"/>	Paystub(s) dated within the past 30 days	<input type="checkbox"/> 2017 W-2 Forms or 2014 Federal Income Tax Forms
<input type="checkbox"/>	Letter from employer verifying employment and income amount.	<input type="checkbox"/> 2017 Schedule C or Schedule F
<input type="checkbox"/>	Free and Reduced Lunch form showing income amount verified by school	<input type="checkbox"/> Documentation from DHS caseworker showing gross family income less than 200% FPL

Parents or guardians claiming zero earned income or claiming income that exceeds 200% of Federal Poverty Guidelines may provide a notarized statement signed by the parent/guardian attesting to the fact that there is no earned income or that income exceeds federal poverty guidelines.

Early Childhood Office Use Only

<input type="checkbox"/>	Completed SRO Information (LRSD Pupil Form, LRSD Pre-K Application, Birth Certificate, Proof of Address, Home Language Survey, and SSN)
<input type="checkbox"/>	Completed LRSD Pre-K Enrollment Information (front/back)
<input type="checkbox"/>	Home Language Survey
<input type="checkbox"/>	Income Verification