

Schertz-Cibolo-Universal City Independent School District
2020-2021 REMOTE REGISTRATION
Prekindergarten Program
Application

To be eligible for enrollment in a Prekindergarten class, a child must be at least four years of age by September 1 **and** meet one of the following criteria. When completing this application, please indicate all criteria through which your child may qualify.

To submit an application for SCUCISD’s Prekindergarten Program, complete the entire application including the Home Language Survey and Residency Questionnaire. Once this PDF document is completed, save it to your computer and email it to the email address listed for processing PK applications at the elementary campus your home is zoned for.

1. Child’s Date of Birth: _____ (Must be between September 2, 2015 and September 1, 2016)
DATE OF BIRTH (MM/DD/YYYY)

2. Child’s Name: _____
FIRST NAME MIDDLE NAME LAST NAME

3. Child’s Social Security Number: _____
Child’s Social Security Number

4. Parent/Guardian’s Name: _____
PARENT’S FIRST NAME PARENT’S LAST NAME

5. Physical Address: _____
HOUSE NUMBER STREET NAME APARTMENT #

CITY TX STATE ZIP CODE

6. Phone Numbers: _____
HOME PHONE NUMBER WORK PHONE NUMBER CELL PHONE NUMBER
(### - ### - #####) (### - ### - #####) (### - ### - #####)

7. Parent/Guardian’s Email Address: _____
PARENT/GUARDIAN’S EMAIL ADDRESS

Qualification Criteria: Please mark all areas in which your child may qualify. The documentation required for each criteria is listed below each selection. If indicated, qualifying documents must be submitted with your application.

8. Is your child the dependent 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?

_____ YES _____ NO

District employee must verify one of the following documents to qualify under the **Active Duty Military** criteria.

- Student’s US DoD photo identification (use of this will need to be verified in person once the campus resumes normal operations)

- Military member’s DoD photo identification (use of this will need to be verified in person once the campus resumes normal operations)
- DoD-issued documentation indicating that the person is an active duty member of the military, such as the “Military Leave and Earning Statement (LES)” - submit copy with application
- “Statement of Service” from the installation adjutant general director of human resources for children of active members or mobilized reservist, or members of the Texas National Guard. – submit copy with application

9. Is your child the dependent of a member of the armed forces of the United States, including the state military forces or a reserved component of the armed forces, who was injured or killed while serving on active duty?

_____ _____
 YES NO

One of the following items must be submitted to qualify under the **injured or killed service member** criteria. - submit copy with application

- A copy of the death certificate using the service-appropriate DoD form or a DoD form that indicates death as the reason for the separation of service.
- A copy of Purple Heart orders or citation for children of service members, mobilized reservists, or guardsmen who were wounded or injured in combat.
- A copy of the line of duty determination documentation of service members, mobilized reservists, or guardsmen who were injured while serving active duty but were not wounded or injured in combat. A copy of an official letter from a commander (at or above the Lieutenant Colonel, or for the Navy at the Commander level) that states that the service member was wounded or injured while on active duty is acceptable.
- A copy of a letter from the US Department of Veterans Affairs indicating that the service member has a service-connected disability and is eligible for disability compensation is also acceptable.
- Documentation that a service member is MIA for children of service members who are MIA.

10. Has your child ever been in the conservatorship of the Texas DFPS - Texas Department of Family and Protective Services (foster care) following an adversary hearing?

_____ _____
 YES NO

One of the following items must be submitted to qualify under the **Texas DFPS (foster care)** criteria.

- Texas DFPS / Child Protective Services verification letter of PK eligibility
- Letter from a DFPS education specialist

11. Is your child the dependent of a first responder that has received the Star of Texas Award?

_____ _____
 YES NO

One of the following items must be submitted to qualify under the **Star of Texas Award** criteria.

- The resolution certificate awarded to the individual
- Letter from their local representatives documenting eligibility

12. Is your child unable to speak and comprehend the English Language? (**Student will be tested.**)

_____ YES _____ NO

Please Note: Due to the district’s closure caused by the COVID-19 pandemic, screenings will be scheduled once the district reopens. You will be contacted to set up a screening appointment once normal operations resume.

13. Is your child homeless?

_____ YES _____ NO

14. Does your child receive SNAP, TANF, or Medicaid Free/Medicaid Reduced?

_____ YES _____ NO

One of the following items must be submitted to qualify under the **SNAP, TANF, or Medicaid Free/Medicaid Reduced** criteria.

- Current Food Stamp Eligibility Letter
- TANF Eligibility Letter
- SNAP EDG #
- Medicaid Free/Medicaid Reduced Documentation

15. Is your child educationally disadvantaged [economically disadvantaged – eligible to participate in the National School Lunch Program (NSLP)?

_____ YES _____ NO

- If the above answer is yes, complete questions 16, 17 & 18.
- If the above answer is no, skip to the Home Language Survey and Residency Questionnaire.

16. Number of people living in your household: (select one) ← Use arrow to select #

17. Names of all members of the household:

_____ - student	
Student's Name	
_____	_____ child or _____ adult
Name - Relationship	Name - Relationship
_____	_____ child or _____ adult
Name - Relationship	Name - Relationship
_____	_____ child or _____ adult
Name - Relationship	Name - Relationship

Name - Relationship	___ child or ___ adult	Name - Relationship	___ child or ___ adult
Name - Relationship	___ child or ___ adult	Name - Relationship	___ child or ___ adult
Name - Relationship	___ child or ___ adult	Name - Relationship	___ child or ___ adult

18. If you answered “YES” to question 16, list the total household income (before deductions) of all family members living at the above address (listed in question #5). **Use a separate line for each source of income.**

\$ _____ Frequency: weekly, monthly, every two weeks, twice per month, annually

\$ _____ Frequency: weekly, monthly, every two weeks, twice per month, annually

\$ _____ Frequency: weekly, monthly, every two weeks, twice per month, annually

\$ _____ Frequency: weekly, monthly, every two weeks, twice per month, annually

\$ _____ Frequency: weekly, monthly, every two weeks, twice per month, annually

\$ _____ Frequency: weekly, monthly, every two weeks, twice per month, annually

To qualify as **Educationally Disadvantaged/Economically Disadvantaged**, proof of income **must be submitted with the application.** (one full month for pay stubs – March, April, or May 2020)

- Check stubs, letter from employer or tax return if self-employed must be submitted with application for each income amount.

The PK Application is not valid without the appropriate documentation attached as required for each way you may qualify.

Penal Code 37.10 prohibits falsifying information; to do so is a criminal offense.

*Please Note: Due to the COVID-19 closures and remote application process, SCUCISD is currently allowing electronic signatures. Once normal operations resume, you may be asked to sign the form.

* Parent/Guardian Electronic Signature: _____

Date: _____

Please complete the Home Language Survey and Student Residency Questionnaire located on the next two pages. Once you have completed these two forms. Save this file to your computer so that you can email it to the email address listed for processing prekindergarten applications for your home campus. A list of campuses and their email address is listed on the final page.

*** Due to COVID-19, digital signatures are temporarily being accepted. Once normal operations resume, the campus may request your actual signature on all documents.**

SCHERTZ-CIBOLO-UNIVERSAL CITY INDEPENDENT SCHOOL DISTRICT

HOME LANGUAGE SURVEY-19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

***** Should you need this document in another language, please ask the campus registrar.**

TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12):

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from a Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if a Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website:

<https://projects.esc20.net/upload/page/0081/docs/JuneUpdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf>

NAME OF STUDENT: _____ **STUDENT ID#:** _____

ADDRESS: _____ **TELEPHONE #:** _____

CAMPUS: _____

NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.

1. What language is spoken in the child's home **most of the time**? _____
2. What language does the child speak **most of the time**? _____

This survey shall be kept in each student's permanent record folder.

* _____ Date

Signature of Parent/Guardian

Date

* _____ Date

Signature of Student if Grades 9-12

Date

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency; and 2) your written correction request is made within two calendar weeks of your child's enrollment date.

*** Due to COVID-19, digital signatures are temporarily being accepted. Once normal operations resume, the campus may request your actual signature on all documents.**

Student Residency Questionnaire

1

Name of School: _____

Name of Student: _____
Last First Middle

Sex: Male _____ Birthdate ____/____/____ Age: _____
Female _____ Month Day Year

Dear Parents,

In order to better serve your children, our school district is helping to identify students who may qualify under the McKinney-Vento Act 42 U.S.C. 11435. The information on this questionnaire will help determine the services the student may be eligible to receive from the McKinney Act or other programs.

Is your current address a temporary living arrangement? ____ if yes, is it due to loss of housing **or** economic hardship? ____ Yes ____ No

↑ Use arrow to select yes/no

Foster Care and Child Protective Services

Is the above named child placed with you through Foster Care or Kinship Care? ____

← Use arrow to select yes/no

Is the above named child placed with you through Child Protective Services? ____

← Use arrow to select yes/no

Is the above named child placed with you through a Safety Plan? ____

← Use arrow to select yes/no

How long has the child been in your care? _____

Is this placement temporary or permanent? _____

Where is the student presently living? (Check)

____ In their own home

____ In a motel

____ In a shelter

____ With a relative or friend - **How long have you been living with a friend or relative?** ____

____ Moving from place to place

____ In a place not designed for ordinary sleeping accommodations such as a car

____ Foster Home or ____ Kinship Care

____ Child placed in my home through Child Protective Services

Name of Parent(s)/Legal Guardian(s) _____

Address _____ Zip _____

Phone _____

Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002 (3) (d).

* Signature of Parent / Legal Guardian: _____ Date: _____

*** Due to COVID-19, digital signatures are temporarily being accepted. Once normal operations resume, the campus may request your actual signature on all documents.**

Submitting Your Completed Pre-Kindergarten Application and Supporting Documents

The completed Pre-Kindergarten Application file and supporting documentation for each way your child may qualify must be emailed to the campus for review along with your child's birth certificate and your proof of residency document.

Once your applications has been reviewed, you will be notified if your student qualifies or not. If your student qualifies, you will be given instructions on how to complete the enrollment process.

Please email your application and supporting documentation to your home campus at the following email address:

Cibolo Valley Elementary ----- cibolovalleyreg@scuc.txed.net
Green Valley Elementary----- greenvalleyreg@scuc.txed.net
Paschal Elementary ----- paschalreg@scuc.txed.net
Rose Garden Elementary ----- rosegardenreg@scuc.txed.net
Schertz Elementary ----- schertzreg@scuc.txed.net
Sippel Elementary ----- sippelreg@scuc.txed.net
Watts Elementary ----- wattsreg@scuc.txed.net
Wiederstein Elementary ----- wiedersteinreg@scuc.txed.net

Be sure to include:

- Completed Pre-Kindergarten Application
- Completed Home Language Survey
- Completed Student Residency Questionnaire
- All supporting documents for each way your child may qualify
- Your child's birth certificate
- Your proof of residency document
 - Acceptable proof of residency documents are
 - April/May gas, water or electric bill showing the parent/guardian's name and the home address
 - Current lease