

LAMAR CISD PREKINDERGARTEN ELIGIBILITY FORM 2022-2023

Parent or Legal Guardian will complete the following information.

Student's Full Name:			Local Student ID:		
(Last)	(First)	(Middle)			
Address:			City, State:		
Zip Code:		Date of Birth:		Sex: Male Female	
Home Campus:		Home Phone:		Work Phone:	
E-Mail Address:					

Parent selects eligibility criteria from below

Qualifier	
<input type="checkbox"/>	1. Unable to speak and comprehend the English language; or
<input type="checkbox"/>	2. Educationally disadvantaged or *see Income chart below
<input type="checkbox"/>	3. Homeless, as defined 42 USC Section 11302, regardless of the residence of either parent of the child; or
<input type="checkbox"/>	4. Child of an active duty member of the armed forces of the US, including the state military forces or a reserve component of the armed forces who is ordered to active duty by proper authority; or
<input type="checkbox"/>	5. Child of a member of the armed forces of the US, including the state military forces or a reserve component of the armed forces who was injured or killed while serving on active duty.
<input type="checkbox"/>	6. Child of Guard and Reserve-Activated/Mobilized uniform members of the TX National Guard-Army or Air Guard of the Activated/Mobilized members of the Reserve components of the Army, Navy, Marines, Air Force or Coast Guard who are TX residents.
<input type="checkbox"/>	7. Child is, or ever has been, in the conservatorship of DFPS following an adversary hearing held as provided by Section 262.201, Family Code (In Texas or another state)
<input type="checkbox"/>	8. Be the child of a person eligible for the <u>Star of Texas Award</u> as a peace officer (3106.002), firefighter (3106.003), or emergency medical first responder (3106.004)

Complete information below if you mark #2 Educationally Disadvantaged: Mark number for total household income

Size of Family – Indicate the total number of individuals living in your household, including all adults and children:

Mark # of House hold Family Members	Income Eligibility Guidelines effective July 1, 2022- June 30, 2023									
	Annual		Monthly		Twice Monthly		Bi-Weekly		Weekly	
	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
<input type="checkbox"/> 1	\$17,677	\$25,142	\$1,473	\$2,096	\$737	\$1,048	\$680	\$967	\$340	\$484
<input type="checkbox"/> 2	\$23,803	\$33,874	\$1,984	\$2,823	\$922	\$1,412	\$916	\$1,303	\$458	\$652
<input type="checkbox"/> 3	\$29,939	\$42,606	\$2,495	\$3,551	\$1,248	\$1,776	\$1,152	\$1,639	\$576	\$820
<input type="checkbox"/> 4	\$36,075	\$51,338	\$3,007	\$4,279	\$1,504	\$2,140	\$1,388	\$1,975	\$694	\$988
<input type="checkbox"/> 5	\$42,211	\$60,070	\$3,518	\$5,006	\$1,759	\$2,503	\$1,624	\$2,311	\$812	\$1,156
<input type="checkbox"/> 6	\$48,347	\$68,802	\$4,029	\$5,734	\$2,015	\$2,867	\$1,860	\$2,647	\$930	\$1,324
<input type="checkbox"/> 7	\$54,483	\$77,534	\$4,541	\$6,462	\$2,271	\$3,231	\$2,096	\$2,983	\$1,048	\$1,492
<input type="checkbox"/> 8	\$60,619	\$86,266	\$5,052	\$7,189	\$2,526	\$3,595	\$3,332	\$3,318	\$1,166	\$1,659
For each additional member add	+ \$6,136	+ \$8,732	+ \$512	+ \$728	+ \$256	+ \$364	+ \$236	+ \$336	+ \$118	+ \$168

I certify that all information on this application is accurate.

Signature: _____ Print Name: _____ Date: _____