

Tomball Independent School District

Pre-Kindergarten Eligibility

To enroll in Pre-Kindergarten, the household income must meet the income guidelines for the federal free lunch program set for the current year. To determine the income eligibility, please complete this form and furnish current earnings information.

1. Print STUDENT INFORMATION

NAME	GRADE	NAME OF SCHOOL	FOOD STAMP NUMBER OR TANS NUMBER

2. FOSTER CHILD: List the child's monthly personal use income. Write "0" if the child has no personal use income.

\$ _____

3. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or TANS case number for the child, skip to PART 4

NAMES OF HOUSEHOLD MEMBERS	Gross MONTHLY Earnings (Before Deductions)		MONTHLY Welfare Payments, Child Support, Alimony	MONTHLY Payments from Pensions, Retirement	ANY OTHER MONTHLY Income
	Job 1	Job 2			
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

4. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above is true and correct and that all household income is reported. I understand that this information is being given to determine eligibility for the Pre-Kindergarten program and that school officials may verify the information on the application.

Signature of Adult Household Member

Social Security Number

Printed Name

Date

Home Telephone Number

Work Telephone Number

Street/Apt. No.

City / State / Zip Code

FOR SCHOOL USE ONLY DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION - WEEKLY X 4.33

EVERY 2 WEEKS X 2.15

TWICE A MONTH X 2

TOTAL HOUSEHOLD SIZE _____ MONTHLY INCOME _____ FOOD STAMP _____ TANS _____ MEDICAID _____

APPROVED: INCOME _____ LANG _____ HOMELESS _____ MIL _____ STAR OF TX _____ FOSTER _____

SIGNATURE OF DETERMINING OFFICIAL _____ DATE _____