

Hawthorne School District Preschool – California State Preschool Program Eligibility/Waitlist Application

This eligibility application does not guarantee your child's placement in the preschool program.
Children must be 3 or 4 years old and fully toilet trained by September 1 of the school year.

Child's Information

Child's First Name:		Child's Last Name:	
Date of Birth:		Age of Child:	
Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Child's Primary Language:	
Does your child have an Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Family Size: (Parents + Children in Household) =			

Siblings Information

Sibling's Name	Date of Birth	Gender	School and Grade

Home Address

Address	City	State and Zip Code

Parent or Guardian Information

Parent A	Parent B
Parent's First Name:	Parent's First Name:
Parent's Last Name:	Parent's Last Name:
Relation to Child:	Relation to Child:
Cell Phone:	Cell Phone:
Email:	Email:
Highest Level of Education:	Highest Level of Education:
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Type of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check
Payment Received: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly	Payment Received: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice Monthly
Gross (Not Net) Income: \$	Gross (Not Net) Income: \$
Provide one (1) month of the most current, consecutive paycheck stubs for each parent.	

Other Income Support for Parent A

Other Income Support for Parent B

Other Income Support for Parent A	Other Income Support for Parent B
Disability/Unemployment	Disability/Unemployment
Child/Spousal Support	Child/Spousal Support
CaWORKS/Benefits from other Government Assistance Programs	CaWORKS/Benefits from other Government Assistance Programs
\$	\$

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

Family Size:	Income Reviewed:	Countable Income: \$
Follow-Up Date & Comments:		Rank #