

South River Public Schools Preschool Application For School Year 2023-2024

In order for an applicant to be considered for placement in the South River Public Schools Preschool Program, the following information and/or forms must be provided or completed:

*Name, Residence & Contact Information
Preschool Home Language Survey Parent / Guardian Questionnaire
Family Income Survey*

Child's Name :
(please print)

Last Name

First Name

Child Male or Female?

Child's Date of Birth:
(please print)

Child's Home Address:
(please print)

Parent(s)/ Guardian(s) Name(s):
(please print)

**Parent(s)/Guardian(s) Home
Address (please print):**

**Parent(s)/Guardian(s) Home
Phone:**

Child's Name:
(please print)

Last Name

First Name

**South River Public Schools
Preschool Application
For School Year 2023-2024 (continued)**

Mother's Cell Phone: _____

Father's Cell Phone: _____

Mother's Email: _____
(please print)

Father's Email: _____
(please print)

Does the child who is applying for the program have any other siblings attending school in the South River Public Schools District? _____

Is the child who is applying the child or ward of a South River Public Schools District Employee? _____

Child's Name: _____
(please print) **Last Name** **First Name**

Family Income Survey

1. Is your family income less than the poverty guidelines listed below?

Yes: _____ No: _____

Persons in Family/Household

Poverty Guideline

For families/households with more than 8 persons, add \$4,720 for each additional person

One	\$13,590
Two	\$18,310
Three	\$23,030
Four	\$27,750
Five	\$32,470
Six	\$37,190
Seven	\$41,910
Eight	\$46,630

2. Does your family income qualify your child for reduced priced meals based on the information below?

Yes: _____ No: _____

Household Size	Annual Income	Monthly Income	Twice Per Month Income	Every Two Weeks Income	Weekly Income
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659

For each Additional Family Member Add

8,732	728	364	336	168
-------	-----	-----	-----	-----

Child's Name:
(please print)

_____ **Last Name**

_____ **First Name**

Family Income Survey (continued)

3. Does your family income qualify your child for free price meals based on the information below?

Yes: _____ No: _____

Household Size	Annual Income	Monthly Income	Twice Per Month Income	Every Two Weeks Income	Weekly Income
1	17,667	1,473	737	680	340
2	23,803	1,984	992	916	458
3	29,939	2,495	1,248	1,152	576
4	36,075	3,007	1,504	1,388	694
5	42,211	3,518	1,759	1,624	812
6	48,347	4,029	2,015	1,860	930
7	54,483	4,541	2,271	2,096	1,048
8	60,619	5,052	2,526	2,332	1,166

For Each Additional Family Member Add

6,136	512	256	236	118
-------	-----	-----	-----	-----

4. Are you receiving assistance under the Temporary Assistance to Needy Families (TANF) program?

Yes: _____ No: _____

5. Are you receiving assistance under the Supplemental Nutrition Assistance Program (SNAP)?

Yes: _____ No: _____

6. Are any of your children eligible to receive medical assistance under the Medicaid program?

Yes: _____ No: _____

Child's Name:
(please print)

Last Name

First Name

Preschool Home Language Survey Parent/Guardian Questionnaire

Purpose: This survey is the first of three steps to identify whether a student is eligible to be identified as an English Language Learner (ELL).

- 1. What language(s) did this child speak when he/she first began to talk (the first language used by the student)?**

If language was other than English, go to Question 2.

If English, go to Question 3.

- 2. At home, does the student hear or use a language other than English more than half of the time?**

If Yes, list the language(s). Then go to question 3.

If No, go to question 4

- 3. Does the student understand a language other than English?**

If Yes, go to question 4.

If No, go to Question 5.

Child's Name:
(please print)

Last Name

First Name

4. When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

If Yes, go to Question 5.

If No, go to Question 5.

5. When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

If Yes, a 'Records Review Process' will be conducted

If No, the student is not an English Language Learner

Child's Name:
(please print)

Last Name

First Name

The following questions are not part of the Home Language Survey, but will assist the Preschool Administrative Team in assigning the teacher for your child and determining program eligibility

Who is completing this survey?

Mother: _____
Father: _____
Grandparent: _____
Guardian: _____
Other: _____

What language(s) does the primary caregiver(s) speak to the child most of the time?

What language(s) does this child speak to his/her primary care giver(s) most of the time?

Child's Name:
(please print)

Last Name

First Name

What language(s) does this child speak to his/her sibling(s) most of the time?

What language(s) does this child speak to his/her friend(s) most of the time?

In which language do you wish to receive information from the school?

What name do you use for your child (if different from above)?

Please list any preschool program(s) this child has attended to date:
