



4-Year-Old Kindergarten Program Application (Non-Tuition Based)

Zoned Elementary School: _____

****NO SCHOOL OF CHOICE****

PLEASE COMPLETE AND PRINT THIS APPLICATION.

TAKE COMPLETED APPLICATION AND REQUIRED PAPERWORK TO YOUR HOME SCHOOL.

School District Five of Lexington and Richland Counties in partnership with the SC Department of Education, believes that children deserve an opportunity to participate in 4-year-old Kindergarten. If your child turns 4 before September 1st of this year, please complete the application below, provide 1 proof of residence, a copy of the child's birth certificate and a verification of family income for full consideration into our 4K program. It is imperative that we have verification from each working adult in the household to have a complete application.

Student Eligibility

*Meeting documented family income 185 percent or less of poverty or Medicaid eligibility or

*After 75% of eligible children are enrolled, the student scores below the 25th percentile on two of three subscales (Concepts, Language, Motor) on DIAL-4.

Name of Person Completing Application: _____ Relationship to Child: _____

Child's Name: _____ Date of Birth _____ - _____ - _____ Sex: Male Female

Race: _____ Child's Primary Language: _____ Language Spoken at Home: _____

Please check any services your child is receiving or has received in the past:

Speech Therapy Occupational Therapy BabyNet Physical Therapy Ready By 5

Counseling Evaluation/Testing Other _____ If yes, When: _____
By whom: _____

Contact Information (fill out completely):

Address: _____

City: _____ Zip Code: _____

Email(s): _____

Phone Numbers:

Home Number: _____

Work Number(s): _____

Father's Cell: _____

Mother's Cell: _____

Family Information:

Parent(s) in Household Please check one:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Only Mother	<input type="checkbox"/> Only Father	<input type="checkbox"/> Someone other than the parents	<input type="checkbox"/> Foster Parents
	Name	Age	Employer	Education Level	
Father					
Mother					

Is anyone in the household currently pregnant? If so, whom?

Children living in the household (include the child you are applying for):

Child's Name	Child's Age	School Attending (if any)	Grade

Please provide Household Income: Recent Income Tax Return W-2 Recent Pay Stub Proof of SNAP
To include a document from Medicaid Other
each working adult.

Do you receive any of the following benefits? Medicaid SSI EBT TANF If so, please provide a copy of the card.

Is your child currently in a childcare, daycare, church center or home center? Yes / No If so, which center? _____

The information provided on this form is accurate and true. All 4-year-old students should be potty trained before beginning our 4K program.

Parent's Signature: _____ Date: _____

PLEASE PRINT THIS APPLICATION OFF AND TAKE IT TO YOUR HOME SCHOOL

Currently, Act 284 of 2012 (Read to Succeed) under Proviso 1.56 outline the South Carolina Child Early Reading Development and Education Program (CERDEP) program requirements. Moving into FY 2021-22, new legislation now allows **for any district to participate in CERDEP and removes Department of Social Services (DSS) regulations for CERDEP classrooms.** The Office of Early Learning and Literacy (OELL) is reaching out to current non-CERDEP districts to determine a final list of participating schools from new districts.

As a reminder, student eligibility for CERDEP includes the following:

- The student meets one of the risk criteria creating CERDEP eligibility (documented family income of 185 percent or less of federal poverty or Medicaid eligibility); or
- Both of these criteria are met:
 - By July 1, at least 75 percent of the eligible children are projected to be enrolled in public or private CERDEP, Head Start, or an ABC Child Care Program; and
 - The student scores below the twenty-fifth percentile on two of three subscales in DIAL-3 or DIAL-4 and has data entered for DIAL-3 or DIAL-4 scores.

OFFICE STAFF:

PLEASE DO NOT DUPLICATE THIS PAGE TO THE APPLICATION! MAKE SURE THIS BLACK BOX IS COPIED ON A SEPARATE PAGE BY ITSELF. Please complete this page carefully.

To be completed by school personnel:

Name: _____

Screening Date: _____

*Zoned School: _____

Notes:

DIAL-4			Points Summary	
	Total Weighted Score	%		
Motor	<input type="text"/>	<input type="text"/>	Dial 4	<input type="text"/>
Concepts	<input type="text"/>	<input type="text"/>	F/R, Medicaid, Etc.	<input type="text"/>
Language	<input type="text"/>	<input type="text"/>	IEP, ESOL, BNet, Etc.	<input type="text"/>
			S/E (McK, Deployed, Abuse)	<input type="text"/>
			Teacher concern	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	Total Points (100 max)	<input type="text"/>