

**KRUM ISD PRE-K
APPLICATION
2024-2025**

This form will be used to determine if your child(ren) will be eligible for Krum ISD's Pre-Kindergarten program using federal income guidelines. In order for your child(ren) to receive free or reduced meals, you will be required to complete a separate form for the National School Lunch Program.

List the name of student you are enrolling in Pre-K:

_____ Age _____ Birthdate _____

List the name of other student(s) in your home or in the district:

_____ Grade _____

_____ Grade _____

_____ Grade _____

Total number of household members (Children & Adults): _____

If any of your household members receive SNAP/TANF>Write the (EDG) Number here: _____

Last four digits of Social Security number of adult filling out form: _____ Check here if no SS#

Income for Adult Household members (Including yourself, not children)

W=Weekly E=Every 2 weeks T=Twice a Month M=Monthly A=Annually

Adult's First/Last Name	Work Earnings	Frequency <small>W=Weekly E=Every 2 Weeks T=Twice a Month M=Monthly A=Annually</small>	Public Assistance / Child Support	Frequency <small>W=Weekly E=Every 2 Weeks T=Twice a Month M=Monthly A=Annually</small>	Retirement/ Social Security	Frequency <small>W=Weekly E=Every 2 Weeks T=Twice a Month M=Monthly A=Annually</small>
1.	\$					
2.	\$					
3.	\$					
4.	\$					
5.	\$					

Children's Total Income by Frequency for all children listed above: \$ _____

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Contact Information:

_ Street Address/Apt. # City State Zip Phone number

A person who knowingly falsifies information on a form required for student's enrollment in the District is liable to the District for tuition or other costs, as provided in Education Code 25.001 (h), if the student is not eligible for enrollment but in enrolled on the basis of false information. In addition, presenting false information records is a criminal offense under Penal Code 37.10.

_ Printed Name of Adult Filling Out Form Signature of Adult Signing Form Today's Date

- For Office Use Only:

Date Received: _____

Household Size: _____

Total Income: \$_____

Income Information Reviewed by: _____(initial)

Eligibility:

Free: _____

Reduced: _____

Paid: _____

Signature of Determining Official/Date:

Student Name: _____

District Name: _____

Student ID#: _____

Campus Name: _____

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12).

* Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One:

The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two:

Please answer the questions to the best of your ability.

1. Which languages are used at home? _____
2. Which languages are used by the child at home? _____
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- [Parent/ Guardian Rights](#)
- [Bilingual Education Program](#)
- [Program Information Videos](#)

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____



KRUM ISD STUDENT RESIDENCY QUESTIONNAIRE

Presenting a false record or falsifying records is an offense under Section 37.10 Penal code, and enrollment of the child under false documents subjects the person to liability for tuition and other costs. Texas Education Code Section 25.002(3)(d).

All of the questions below refer to the student that is enrolling.

Today's Date (MM/DD/YYYY):		Campus:		Grade:	
Last Name:		First Name:		MI:	
Date of Birth:		Last District Attended:		Last School Attended:	
Name of Person with whom student resides:					
Address where student sleeps at night (street address, Apt.#, City, Zip):					
How long has the student been at this address?					
Main Phone Number:					
Other Phone Number:					

"X" all boxes below that best describe the student's situation, leave those blank that do not.

	1. Student lives with one or both parents every day of the school year (C192=3)
	2. Student lives with a legal guardian every day of the school year (C192=3) <i>(Note: A <u>legal</u> guardian is appointed by the court)</i>
	3. Student does not live with a parent or guardian (C192=4)

"X" all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:

	In a home that the student's parent or legal guardian owns or rents (C189=0)
	Living with a friend or relative by choice or convenience (C189=0)
	In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)
	Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2) <i>(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)</i>
	In a shelter (C189=5) <i>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</i>

	In an unsheltered location, such as: • a tent • a car or truck • a van • an abandoned building • on the streets • at a campground • in the park • in a bus or train station • other similar place (C189=3)
	In a hotel or motel because of loss of housing or economic hardship (C189=4) <i>(Examples: eviction, foreclosure, cannot get deposits for permanent home, flood, fire, hurricane)</i>
	In a transitional housing program (C189=5) <i>(Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization)</i>
	The student does not sleep in any of the places described above. Tell below where the student does sleep: <i>(FOR DISTRICT INFORMATION ONLY: this option is uncoded for PEIMS. If a student selects this option, the school must determine which category above is appropriate for describing where the student sleeps at night. There is no code for OTHER—all students must fall into one of the five categories listed on Homeless-Status-Code Table C189)</i>
	The student sleeps here because of a natural disaster: Type of disaster: _____ Date the disaster took place: _____ Place disaster occurred: _____

Provide the following information for school-age siblings (brothers and/or sisters) of the student:

Last Name	First Name	Brother or Sister	Stay at the same place (X)	Grade	School	District

List all other school-aged children that stay in the same place

Last Name	First Name	Grade	School	District

Signature of Person Providing Information
Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

Date