

**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 1<sup>st</sup> 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 25<sup>th</sup> 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: \_\_\_\_\_

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**Family Information:**

Parent(s) in Household <b>Please check one:</b>	<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

**To include a document from** ☐ Proof of SNAP ☐ 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.