



CCISD Required Documents for PK Enrollment

ccisd.net/prek



Age Requirement for Pre-K

Pre-K Qualification: 4-years-old on or before September 1, 2025



Question: Can a five year old enroll in PK?

- Answer: Students must meet above age requirement. Five year olds are eligible for Kindergarten.

Question: My student turns 4 on September 2, 2025 can they enroll since they are miss the deadline by one day?

- Answer: Student must meet above age requirement. Your student will be eligible for the 2026-2027 school year.

Required Enrollment Documentation



- Birth Certificate
- Student's Social Security Card
- Immunization Record
- TWO proofs of residency in parent/guardian's name
 - Deed, mortgage, payment book or apartment contract
 - Electric bill, Gas bill, Water utility bill
- Parent/Guardian I.D.

CERTIFICATION OF VITAL RECORD

STATE OF TEXAS
City of Austin Registration District

STATE OF TEXAS		CERTIFICATE OF BIRTH		BIRTH NUMBER	
1. Child's Name First JOHN	Middle DAVID	Last DOE	2. Date of Birth (mm/dd/yyyy) 01/02/1950	3. Sex MALE	
4a. Place of Birth - County TRAVIS	4b. City or Town (if outside city limits, give precinct no.) AUSTIN	5. Time of Birth 09:11 AM	6a. Parity - Single, Twin, Triplet, etc. SINGLE	6b. If Plural Birth, Birth 1st, 2nd, 3rd, etc.	
7a. Place of birth - <input type="checkbox"/> Clinic / Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input type="checkbox"/> Hospital <input type="checkbox"/> Home Birth (Planned to deliver at home?) <input type="checkbox"/> Yes <input type="checkbox"/> No Other (Specify)			7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address) DGHTRS OF CHTY HTH SVCS OF AUSTIN-SETON MED CTR		
8a. Attendant's Name, NPI, and Mailing Address ROGA MORENO 1301 W 38TH ST 201 AUSTIN, TEXAS 78745			8b. Certifier (I certify that this child was born alive at the place and time and on the date as stated) MARIA ARELLANO Signature and Title 01/02/1950 Date Signed		
9b. <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)			9a. <input type="checkbox"/> Attendant <input type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify)		
10. Mother's Name Prior to First Marriage First JOAN Middle MARIE Last BUCK		11. Date of Birth (mm/dd/yyyy) 05/08/1926	12. Birthplace (State, Territory or Foreign Country) CONNECTICUT		
13a. Residence - State TEXAS	13b. County TRAVIS	13c. City, Town or Location AUSTIN	13d. Street Address or Rural Location 900 SOUTH LAMAR # 207		
13e. Zip Code 78704	13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. Mailing Address <input checked="" type="checkbox"/> Same As Residence, or			
15. Father's Name First DAVID Middle JAMES Last DOE		16. Date of Birth (mm/dd/yyyy) 07/04/1918	17. Birthplace (State, Territory or Foreign Country) RHODE ISLAND		
18a. Local File Number 0218731		18b. Date Received by Local Registrar 01/02/1950		18c. Signature of Local Registrar <i>Rogelio Moreno</i> Rogelio Moreno Registrar	

VS-111.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 3-10 YEARS IN PRISON AND A FINE OF UP TO \$100,000 348103

500508739

REGISTRAR OF VITAL STATISTICS
CITY OF AUSTIN

THE STATE OF TEXAS

DATE ISSUED:

Examples of Documentation

Proof of Age and Age Eligibility Birth Certificate will be needed

Original Birth Certificate AND Student's Social Security Card



Parent/Guardian ID

- Current Driver's license or
- Current State ID or
- Passport



Immunization Records

Must be complete and up to date and show students name with date of birth.

Age at which child must have vaccines to be in compliance:	Minimum Number of Doses Required of Each Vaccine							
	Diphtheria / Tetanus / Pertussis (DTaP)	Polio	Hepatitis B (HepB) ¹	Haemophilus influenzae type b (Hib) ²	Pneumococcal conjugate vaccine (PCV) ³	Measles, Mumps and Rubella (MMR) ^{1,4}	Varicella ^{1,4,5}	Hepatitis A (HepA) ^{1,4}
Zero through two months								
By three months	One dose	One dose	One dose	One dose	One dose			
By five months	Two doses	Two doses	Two doses	Two doses	Two doses			
By seven months	Three doses	Two doses	Two doses	Two doses	Three doses			
By 16 months	Three doses	Two doses	Two doses	Three doses	Four doses	One dose	One dose	
By 19 months	Four doses	Three doses	Three doses	Three doses	Four doses	One dose	One dose	
By 25 months	Four doses	Three doses	Three doses	Three doses	Four doses	One dose	One dose	One dose
By 43 months	Four doses	Three doses	Three doses	Three doses	Four doses	One dose	One dose	Two doses

CLICK HERE to view the Texas Department of State Health Services Immunizations Requirements (English and Spanish)



Question: Does my child need to be vaccinated to attend school?

In accordance with Texas state law all children attending school must either be immunized or provide evidence of immunization exemption. Please visit the **Texas Department of Health and Human Services** for more information on required vaccines and exemptions.

- 1. Deed, mortgage, payment book or apartment contract**
- 2. Electric bill, Gas bill or Water utility bill**

account cannot be in a delinquent status, lease agreement, Deed (recently signed within 30 days)

**CenterPoint
Energy**

CenterPointEnergy.com

CUSTOMER
SAMPLE SAMPLE

SERVICE ADDRESS
643 SAMPLE ST HOUSTON TX 77022

ACCOUNT NUMBER
3838050-0

DATE MAILED
April 08, 2021

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TOTAL DUE **\$ 76.79**

Gas leak or emergency
Leave immediately, then call
888-576-5786, 24 hours a day

Customer service
713-659-2111 or 888-752-8636
Monday - Friday, 7 am - 7 pm

Call before you dig
Call 811
24 hours a day

Comments
PO Box 2626
Houston, TX 77253-2626

To report gas leaks, carbon monoxide and other gas emergencies, please call 1-888-576-5786. We appreciate your understanding that billing inquiries cannot be answered on this line.

ACCOUNT SUMMARY

Previous gas amount due	\$ 0.00
Payment	No payment received - 0.00
Post due gas charges due immediately	\$ 0.00
Current gas charges due Apr 23, 2019 (Details on page	+ 76.79
Total amount due	\$ 76.79

How to pay your bill

Online
Visit CenterPointEnergy.com/paybill
Payment can post immediately.

Phone
Call 713-659-2111 and make a payment using your checking or savings account, or by debit or credit card. Your payment can post immediately.

In person
To find a payment location, visit: CenterPointEnergy.com/paybill or call 713-659-2111.
You must call to receive payment receipt.

Mail
No checks allowed.

Please keep this portion for your records.

Please return this portion with your payment. Please do not include others in return.

**CenterPoint
Energy**

ACCOUNT PAST DUE **ACCOUNT NUMBER 3838050-0**

PAST DUE AMOUNT	+	CURRENT CHARGES	=	TOTAL AMOUNT DUE
\$ 0.00		\$ 76.79		\$ 76.79
Due immediately		Apr 23, 2021		

\$ _____
Please enter amount if your payment

00015067 61 AV 8-373-1

SAMPLE SAMPLE
643 SAMPLE ST
HOUSTON TX 77022

0140107582466

0082000003638058070000000076790000000767981

000001



Address Affidavit

- If both parent and student live with a relative or friend in Clear Creek ISD, whose residence is not an apartment, the parent and the person with whom they reside must submit a notarized statement verifying the residence. The required Address Affidavit form is available on the district website.
- Address Affidavit form must be completed and notarized prior to enrollment.
- Homeowner will need to supply their ID and current water, gas or electric bill. ID must match address on proof of residence.



Completed affidavits, along with all supporting documentation, can be sent to **safeandsecure@ccisd.net**.

For more information and to download forms visit, **ccisd.net/residency-affidavits**.



FREE Pre-K Eligibility Requirements

Family must meet at least one of the following listed criteria. Click qualifier for additional details.

Economically

Disadvantaged

Gross income, National
School Lunch Program

Limited English Proficient

Language other than English

*(does not include speech delays
or concerns) *testing required*

Homeless

Military

The child of a parent in the
military or injured or killed while
actively serving in the military

Foster Care

Have been in the conservatorship
of the state of Texas-Foster Care

Star of Texas Award

The child of a person eligible
for the Star of Texas Award

If you do not meet the criterias above, explore our Tuition-Based Pre-K Program



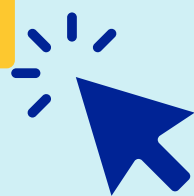
How to Qualify

Economically Disadvantaged

Gross income, National School Lunch Program

Student would be eligible to participate in the National Free and Reduced Lunch Program based on the total household gross income

CLICK HERE to learn more about Determining Income Eligibility



Household Size	Total Income									
	Annual		Monthly		Twice-Monthly		Bi-Weekly		Weekly	
No. of Household Members	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$19,578	\$27,861	\$1,632	\$2,322	\$816	\$1,161	\$753	\$1,072	\$377	\$536
2	\$26,572	\$37,814	\$2,215	\$3,152	\$1,108	\$1,576	\$1,022	\$1,455	\$511	\$728
3	\$33,566	\$47,767	\$2,798	\$3,981	\$1,399	\$1,991	\$1,291	\$1,838	\$646	\$919
4	\$40,560	\$57,720	\$3,380	\$4,810	\$1,690	\$2,405	\$1,560	\$2,220	\$780	\$1,110
5	\$47,554	\$67,673	\$3,963	\$5,640	\$1,982	\$2,820	\$1,829	\$2,603	\$915	\$1,302
6	\$54,548	\$77,626	\$4,546	\$6,469	\$2,273	\$3,235	\$2,098	\$2,986	\$1,049	\$1,493
7	\$61,542	\$87,579	\$5,129	\$7,299	\$2,565	\$3,650	\$2,367	\$3,369	\$1,184	\$1,685
8	\$68,536	\$97,532	\$5,712	\$8,128	\$2,856	\$4,064	\$2,636	\$3,752	\$1,318	\$1,876
For each additional family member, add	+\$6,994	+\$9,953	+\$583	+\$830	+\$292	+\$415	+\$269	+\$383	+\$135	+\$192

Income Pay Stubs Eligibility Requirement

- Company details

Earnings statement

Employee information		Period Type	Reporting period	Pay date	Employee ID		
Name Address		Biweekly					

Rate	Hours	Gross earnings	Year to Date	Bonus	Deductions	Current deductions	Year to Date
					Federal tax State tax Social Security tax Other		

Year to Date Gross	Year to Date deductions	Year to Date Net	Gross pay	Total current deductions	Net pay

Economically Disadvantaged continued

SNAP Document - Form TF0001

Information that needs to be visible and current:

- Case Details/Number
- Pre-K Child's Name
- Start Date
- End/Renewal Date



Question: I heard Medicaid is an eligibility for Pre-K. Why don't you accept all Medicaid?

The Health benefits of Medicaid are not reflective of actual income benefits. A child who is a member of a house hold receiving benefits from SNAP is eligible to participate in National Free and Reduced Lunch Program.

TEXAS HEALTH AND HUMAN SERVICES
P.O. BOX 149029
AUSTIN, TEXAS 78714-9029

TEXAS
Health and Human
Services

Date: 04/01/2024
Case Number: [REDACTED]

Need help?
Call 2-1-1 or 1-877-541-7905
If you have a hearing or speech disability,
call 7-1-1 or any relay service.
All numbers are free to call.

Notice about your case:
SNAP Food Benefits
EDG number: [REDACTED]

Who gets SNAP Food Benefits		
Name	Date	Monthly Amount
[REDACTED]	04/01/2024 - 03/28/2025	\$.00

Notes:
Your SNAP benefits will be available by the 6th of each month. (If this is your first time getting benefits, you may get them early for the first few months.)

[REDACTED]

Form TF0001
04/2022

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Sample Form TF0001

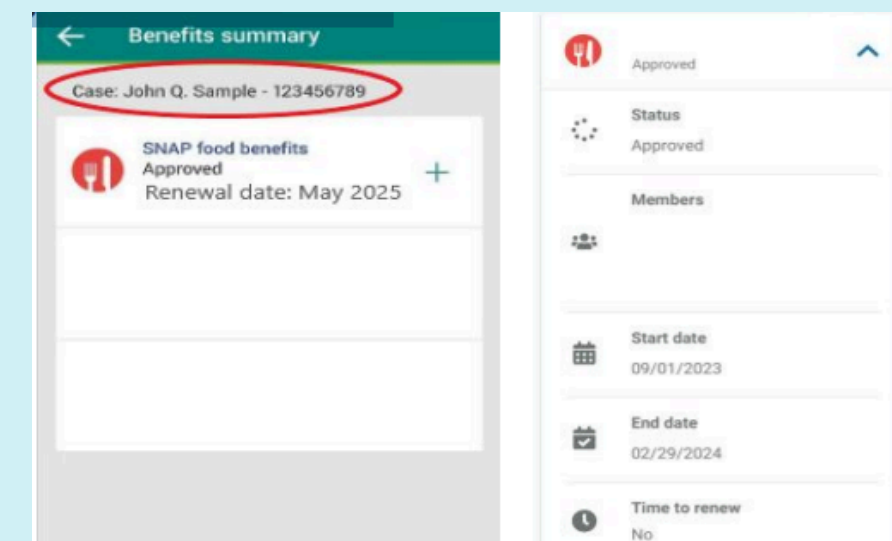
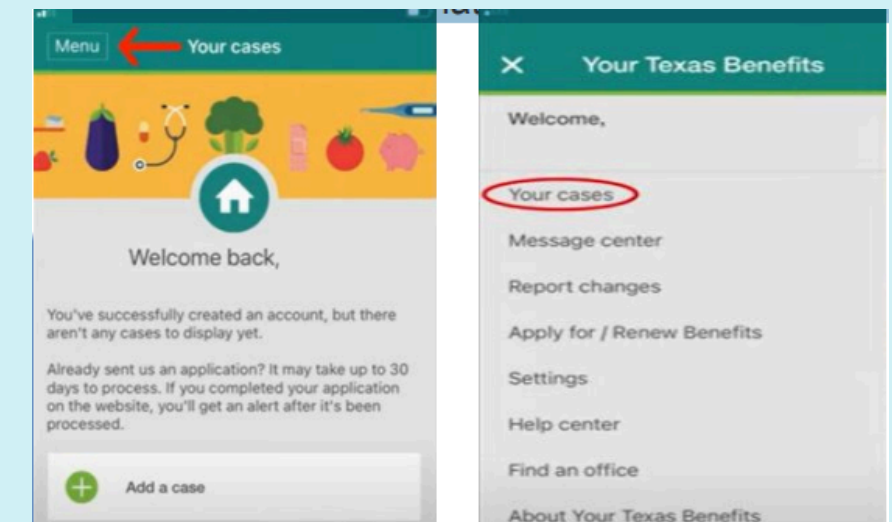
Economically Disadvantaged continued

Does your child receive SNAP benefits?

Retrieving SNAP Information from Your Texas Benefits App

- Login to Your Texas Benefits Account and select **Menu**
- Click on **Your Cases**
- On Benefits Summary screen, screenshot the **Case Details/Number**
- Click on the plus sign of the qualifying Pre-K benefits program
- Screenshot should include the following information:
 - Approved, Child's Name, Start Date and End/Renewal Date

All required information must be current at the time of registration





Limited English Proficient

Emergent Bilingual or English as a Second Language

A child qualifies under Limited English Proficiency if they are unable to speak or comprehend English, not due to speech delays or concerns.

- If another language other than English is spoken in the home or the child speaks another language other than English, language testing is required to determine eligibility for the Bilingual or English as a Second Language (ESL) program
- Language Testing will need to be scheduled on students home zoned campus
- Child must be present for testing

Homeless Eligibility Requirement

- The **Student Residency Questionnaire (SRQ)** is a part of the PK eligibility survey *same questions on paper document online.
- Information will be verified prior to enrollment by the Counseling Department
- Once verified enrollment will be processed

For more information visit, ccisd.net/at-risk-services

Clear Creek Independent School District STUDENT RESIDENCY QUESTIONNAIRE			
Student Name:	Phone Number:	CCISD Campus:	
Current Address:	Length of stay at current address:	Current Grade Level:	
City and Zip Code:	DOB:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Last School Attended:	Last date attended:	CCISD Student ID:	
Name of person with whom student resides:	<input type="checkbox"/> Parent <input type="checkbox"/> Unaccompanied Youth (Not in the physical custody of parent or legal guardian) <input type="checkbox"/> Legal Guardian (granted only by a court) <input type="checkbox"/> Caregiver (Example: friends, relatives, etc) <input type="checkbox"/> CPS Emergency Placement <input type="checkbox"/> Foster Care (2085 - 2085E)		
Signature:		Date:	
<small>Presenting a false record or falsifying information for enrollment purposes is an offense under Section 37.10, Penal Code. 11435). The answers to this residency information help determine the services the student may be eligible to receive.</small>			
<small>This questionnaire is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act (42 U.S.C. 11435). The answers to this residency information help determine the services the student may be eligible to receive.</small>			
1. Does the parent or legal guardian of the student own or rent the home/apartment where the student lives? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Is the student's current address a temporary living arrangement due to loss of housing or economic hardship or Natural Disaster? (examples: fire, flood, lost job, divorce, eviction, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Natural Disaster: _____			
3. Does your home have running water, electricity, gas? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Where is the student presently living? (Please check all that apply) <input type="checkbox"/> a. Living in my own house/apartment that I own or rent. <input type="checkbox"/> b. In the home of a friend/relative due to loss of housing (examples: fire, flood, lost job, divorce, eviction, etc.) <input type="checkbox"/> c. In a Hotel/Motel Name of Hotel/Motel: _____ <input type="checkbox"/> d. In a Shelter <input type="checkbox"/> e. In a place not designed for ordinary sleeping accommodations such as a car, park, or campsite <input type="checkbox"/> f. Moving from place to place due to loss of housing (examples: fire, flood, lost job, divorce, eviction, etc.) <input type="checkbox"/> g. In a house/apartment impacted by a natural disaster/briefly Explain: _____			
4. Please provide the following information for school age siblings of the student:			
Name	Grade Level	CCISD Student ID	School
DISTRICT USE ONLY			
Homeless Liaison Signature:		Date:	



Military Eligibility Requirements

- Child of an active duty member of the Armed Services of the United States, injured or killed while on active duty
- Child of a parent who is currently receiving Disability through the Department of Veterans Affairs

Documentation needed:

- DoD ID observed in person (*photocopies of Military ID is prohibited*)
- Benefits letter from the Department of Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS
810 Vermont Ave NW
Washington, D.C. 20420


Foster Care Eligibility Requirements

Child currently is or has been under the conservatorship of the Department of Family and Protective Services

Documentation needed:

- DFPS 2085 Form
- DFPS Pre-K Verification Letter

Form K-908-2085-E
Revised September 2015

**DESIGNATION OF EDUCATION DECISION-MAKER**
CHILD PROTECTIVE SERVICES (CPS) - PERMANENCY

Purpose: DFPS must ensure that this form is provided to the court and the child's school under Texas Family Code §263.004 within five days of the Adversary Hearing. DFPS must inform the court of any changes in the Education Decision-Maker or Surrogate Parent, if applicable, in the next permanency hearing report. DFPS must provide the updated information to the school no later than five days after any changes in the Education Decision-Maker or Surrogate Parent, if applicable.

Directions: To complete this form, fill in all applicable fields. For additional questions, contact your Regional Education Specialist. DFPS staff may not appoint a surrogate parent. DFPS staff may only list the name of the surrogate parent appointed by the court or the school.

SECTION 1: AUTHORITY TO MAKE EDUCATION DECISIONS			
The Texas Department of Family and Protective Services (DFPS) is authorized by court order as provided in the Texas Family Code §153.371 to make education decisions on behalf of the following child currently in the conservatorship of DFPS.			
Child's Full Name:		Child's DFPS IMPACT Person ID:	Child's Medicaid Number:
Date of Birth:	County:	Court Number:	Cause Number:
DFPS delegates to the following individual(s) (hereinafter referred to as the Education Decision-Maker) the education decision-making responsibilities on behalf of the child as described in this form. Note: A representative of DFPS may be named as a primary and and/or backup Education Decision-Maker.			
Designated primary Education Decision-Maker (and spouse, if applicable):		Date of designation:	
Email:		Telephone Number(s):	
Backup Education Decision-Maker:		Date of designation:	
Surrogate Education Decision-Maker for special education decisions:	Date of designation:	Designated by: <input type="checkbox"/> Court <input type="checkbox"/> ISD	
Email:		Telephone Number(s):	
SECTION 2: SPECIAL EDUCATION RIGHTS AND RESPONSIBILITIES — IF APPLICABLE			
Federal and state law authorize the individual who is acting in the role of the child's parent or who is appointed by the school or the court to be the "surrogate parent" for the child to exercise the rights and responsibilities as outlined by the Individuals with Disabilities Education Act and state law and rule. The individual is usually the foster parent or daily caregiver, but may be a Court Appointed Special Advocate or other individual with knowledge of the child. In some cases the biological parent may retain the right to make certain special education decisions.			
The law does not allow a DFPS staff person, school district staff, or anyone employed to provide care or treatment for the child to act as the parent or surrogate for special education decision-making. A foster parent is not considered a person employed to provide care for the child.			
At age 18, the rights of the parent to make education decisions are transferred to the child, except for the child with a disability who has been determined to be incapacitated under state law.			

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Star of Texas Award Eligibility Requirements

The child of a parent eligible for the Star of Texas Award includes

- A Peace Officer under Texas Government Code §3106.002
- A Firefighter under Texas Government Code §3106.003
- An Emergency Medical First Responder under Texas Government Code §3106.004

A letter must be provided





Tuition-Based Pre-K Steps

Families who have received a tuition acceptance email should follow the steps below.

STEP ONE

Enroll Online

**Fill out the Enrollment
paperwork online at
www.ccisd.net/enroll**

STEP TWO

Submit Payment

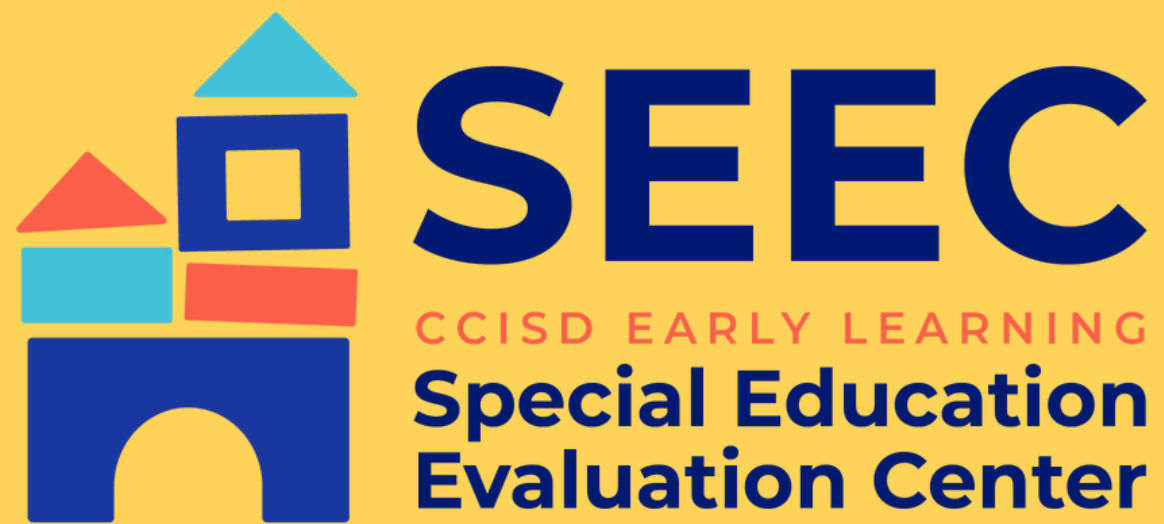
**Submit Payment
information for tuition
payments each month**

*Link will be sent in acceptance email from the
CCISD Early Learning Department*

**Tuition for 2025-2026 is \$6250 for the school year
broken into 10 monthly payments of \$625**

If you have concerns about your child's development please call

Early Childhood Special Education Evaluation Center (SEEC)



Specialists evaluate children between the ages of 2-5 to determine if a child has a special education disability and requires services

**Office located at the CCISD Learner
Support Center**

2903 Falcon Pass, Houston, Texas 77062



Call **281.284.0330** to Schedule an Evaluation



Pre-K & Kindergarten Registration Fair



June 9-10, 2025
10:00 a.m.-1:00 p.m.



McWhirter Elementary
300 Pennsylvania, Webster, TX 77598



Data Specialists and interpreters (English and Spanish) will be on hand to help enroll your child for the 2025-26 school year



Parents and guardians will need to bring required documentation