

Keene Independent School District Prekindergarten Application 2026-2027 School Year

Date of Application: _____



PLEASE PRINT

STUDENT NAME _____ STUDENT AGE AT TIME OF REGISTRATION _____
STUDENT DATE OF *BIRTH _____ STUDENT SOCIAL SECURITY NUMBER _____ MALE _____ FEMALE
**To QUALIFY, STUDENT MUST BE FOUR YEARS OLD ON OR BEFORE SEPTEMBER 1 OF THE CURRENT SCHOOL YEAR. DOCUMENTATION REQUIRED.*
PARENT/GUARDIAN NAME _____
ADDRESS _____
DAYTIME PHONE #: _____ EMAIL ADDRESS _____

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☐ LIMITED ENGLISH PROFICIENT

Student does not speak or comprehend the English Language.

- ☐ Home Language Survey completed.
- ☐ Oral Language Proficiency Test administered.

Date _____ By _____
Results _____

Eligible? ☐ Yes ☐ No INITIALS: _____

☐ HOMELESS

Student is homeless according to [42USC§11434(a)].

- ☐ The student lacks a regular, fixed, or adequate nighttime residence *and/or*
- ☐ The student has a primary nighttime residence that is a shelter providing temporary living accommodations, an institution, or a place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

Eligible? ☐ Yes ☐ No INITIALS: _____

☐ MEMBER OF THE ARMED FORCES

Active member, activated member, MIA or KIA, Disability

Eligible? ☐ Yes ☐ No Date: _____

Printed Name of Document Reviewer: _____

Signature of Document Reviewer: _____

☐ FOSTER CHILD OR DFPS CHILD

Student is a foster child or has ever been a foster child in the custody of DFPS or DFPS other documentation of eligibility.

Eligible? ☐ Yes ☐ No INITIALS: _____

Documentation on file? ☐ Yes ☐ No

☐ TRANSFER FROM ANOTHER DISTRICT IN TEXAS

Student is ESL/Bilingual or Educationally Disadvantage

Eligible? ☐ Yes ☐ No INITIALS: _____

Documentation on file? ☐ Yes ☐ No

☐ STAR OF TEXAS AWARD DEPENDENT

Eligible? ☐ Yes ☐ No INITIALS: _____

Student is a child of a Star of Texas Award Recipient

ELIGIBILITY VERIFIED BY: _____

☐ ECONOMICALLY DISADVANTAGED

- ☐ Student is eligible for the national School Lunch/Breakfast Program.

Total Household/Family Size (how many people live in your home) _____

Total Annual Household/Family Income _____

All household/family income must be included:

*Gross earnings ([before deductions] wages, salaries, tips, unemployment compensation, self-employment income, etc.)

*Payments for welfare, child support, alimony, pensions, retirement, social security

*Any other income (disability benefits, interest/dividends, etc.) **OR With an effective date of after 4-1 if applying for the next school year**

- ☐ Family receives SNAP (not Lone Star).

EDG Number _____

(Please attach documentation)

- ☐ Family receives TANF (formerly AFDC).

EDG Number _____

(Please attach documentation)

- ☐ Eligible to participate in the Head Start Program or Even Start Program
- ☐ Completed Socioeconomic form (See Attached Form)

Eligible? ☐ Yes ☐ No Documentation on file? ☐ Yes ☐ No

INITIALS: _____

☐ STUDENT DNQ –

INITIALS: _____

Initial - The information on this form is pertinent to your child's records and considered a government record. Please fill out as accurately as possible. The penalties for giving false information on governmental records are contained in section 37.10 of the Penal Code and in section 25.00(h) of the Texas Education Code. Any person who knowingly falsifies information to gain enrollment in KISD is liable for tuition fees (Texas Education Code 25.000)

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

Official School Use Only

Approval Based On:

	Limited English Proficient (all required)	
	Home Language Survey	
	Testing Documents	
	LPAC Placement / Parent Permission form	Date of Meeting:

	Educationally Disadvantage:	Date Qualified:
	Income Eligibility: KISD Socioeconomic Form / TAX 1040, pay stubs / SNAP or TANF	
	DISABILITY / Head Start / Even Start Forms	

	Homeless	
	KISD Residency Questionnaire / Residency Affidavit	Date Qualified:

	Military (one required)	
	Department of Defense ID (DO NOT COPY MILITARY ID)	Date Viewed:
	ID #:	Signature:
	State of Service	
	Death Certificate	
	Purple Heart Orders of Citation	
	Missing in Action	
	Line of Duty Determination showing wounded or injured NOT in combat	
	VA Disability Paperwork	

	Foster	
	Texas DFPS Letter	
	Form 2085	

	Star of Texas Award	
	Award Certificate	

Program Placement		
	Full Day PK/Did Not Qualify	Program Placement Date:

By signing below, I certify that all of the information provided on this form is true and correct that the student has qualified for the Approved Program. Documentation supporting that the student qualified for the program must be attached to this form. This form must never be taken out of the student's folder for audit proposes.

Principal's Signature: _____ Date _____

PEIMS Clerk Signature: _____ Date: _____

Keene ISD Socioeconomic form

Income information – Complete this form **ONLY** if you are qualifying through income eligibility.

1. Write the names of each person living in your household. For any person not receiving an income, put a 0 in the appropriate column. Include yourself, the children you are applying for, all other children, your spouse, grandparents, and other related and unrelated people in your household. Use another piece of paper if you need more space.
2. List the **GROSS** income (before taxes and deductions) for each household member. Also, list the amount from all other sources listed in the chart below and any other income. If you are in the Military and your housing is part of the Military Housing Privatization Initiative, **DO NOT** include your allowance as income. If any amount last month was more or less than usual, write that person's usual monthly income.
3. Report **NET** (after taxes and deductions) income for self-owned business, farm or rental income.
4. If **NOT** self-employed, please attach pay stubs, pay envelope or letter from employer to show gross wages. For self-employment based on net income, attach business or farming documents, such as ledger books or self-issued paycheck stub.

Names of all household members Last Name, First Name	Attends KISD	Income (Before Deductions)	How often paid (Circle One)	Monthly Welfare payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Any other Monthly income
1.	Yes/No	\$	Monthly/Biweekly Weekly	\$	\$	\$
2.	Yes/No	\$	Monthly/Biweekly Weekly	\$	\$	\$
3.	Yes/No	\$	Monthly/Biweekly Weekly	\$	\$	\$
4.	Yes/No	\$	Monthly/Biweekly Weekly	\$	\$	\$
5.	Yes/No	\$	Monthly/Biweekly Weekly	\$	\$	\$
6.	Yes/No	\$	Monthly/Biweekly Weekly	\$	\$	\$
7.	Yes/No	\$	Monthly/Biweekly Weekly	\$	\$	\$
8.	Yes/No	\$	Monthly/Biweekly Weekly	\$	\$	\$
9.	Yes/No	\$	Monthly/Biweekly Weekly	\$	\$	\$
10.	Yes/No	\$	Monthly/Biweekly Weekly	\$	\$	\$

I certify that all of the information provided on this form is true and correct and that all income is reported, if needed. I understand that this information is being given for the receipt of federal funds; that school officials may verify the information on this application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws and the withdrawal of my child.

Parent/Guardian Signature

Printed Name

Date