

**UNION GROVE INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR PREKINDERGARTEN
2026-2027**

Pursuant to 29.153 Texas Education Code, regarding the qualification of children for the prekindergarten program, the following information is submitted. The child whose name appears below is applying to be considered, based on the criteria shown below, for entry into the district's prekindergarten program.

CRITERIA FOR ADMITTANCE TO THE PREKINDERGARTEN PROGRAM

Child will be 4 years of age on or before September 1, 2026

Child is a resident of the Union Grove Independent School District

Child meets immunization requirements, and also meets **at least one** of the following conditions. Please check as applicable:

	Child is unable to speak and comprehend the English language as identified by a home language survey, or
	Child is homeless, as defined by 42 U.S.C. Section 1143a; or
	Child who is educationally disadvantaged (eligible for the National Free or Reduced Price Lunch Program), or Please complete the income guidelines below, or
	Child whose parent/guardian is an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority; or that the child's parent/guardian is missing in action, injured or killed while on active duty, or
	Child who is in, or has ever been in conservatorship of the Department of Family and Protective Services (DFPS) following an adversary hearing held as provided by Section 262.201, Family Code.
	Child of a person eligible for the Star of Texas Award as: a peace officer under Section 3106.002 Govt. Code; a firefighter under Section 3103.002, Govt. Code; an emergency medical first responder under Section 3106.004, Govt. Code: The certificate awarded to an individual serves as proof of eligibility to enroll these children.

Child & Family Information:

Child's Name _____

Birthdate _____

Child's SSN _____

Age as of September 1st _____

Parent's Name _____

Home or Cell Phone # _____

Address _____

Work Phone # _____

Household member's name	Job Income	How Paid	Other Income	How Paid
1.	\$	YR MO WK	\$	YR MO WK
2.	\$	YR MO WK	\$	YR MO WK
3	\$	YR MO WK	\$	YR MO WK

Total Household Size _____

Parent Statement of Understanding

I understand the school officials may verify the information on this application document. If investigation indicates false information has been provided and the child is not eligible to participate in the program, the child may be withdrawn to make room for a child who is eligible. I certify that all the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state laws.

Parent Signature

Date

FOR COMPLETION BY SCHOOL PERSONNEL

2026-2027 Income Eligibility Guidelines for Prekindergarten Qualification
Effective July 1, 2026 – June 30, 2027

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	\$20,748	\$29,526	\$1,729	\$2,461	\$865	\$1,231	\$798	\$1,136	\$399	\$568
2	\$28,132	\$40,034	\$2,345	\$3,337	\$1,173	\$1,669	\$1,082	\$1,540	\$541	\$770
3	\$35,516	\$50,542	\$2,960	\$4,212	\$1,480	\$2,106	\$1,366	\$1,944	\$683	\$972
4	\$42,900	\$61,050	\$3,575	\$5,088	\$1,788	\$2,544	\$1,650	\$2,349	\$825	\$1,175
5	\$50,284	\$71,558	\$4,191	\$5,964	\$2,096	\$2,982	\$1,934	\$2,753	\$967	\$1,377
6	\$57,668	\$82,066	\$4,806	\$6,839	\$2,403	\$3,420	\$2,218	\$3,157	\$1,109	\$1,579
7	\$65,052	\$92,574	\$5,421	\$7,715	\$2,711	\$3,858	\$2,502	\$3,561	\$1,251	\$1,781
8	\$72,436	\$103,082	\$6,037	\$8,591	\$3,019	\$4,296	\$2,786	\$3,965	\$1,393	\$1,983
For each additional family member, add	+\$7,384	+\$10,508	+\$616	+\$876	+\$308	+\$438	+\$284	+\$405	+\$142	+\$203

These guidelines are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2026 – June 30, 2027.

APPROVAL BASED ON:

- Limited English Proficient – Unable to speak and comprehend the English language
 - Home Language Survey must indicate child hears/speaks a language other than English at home.
 - Child has been tested with oral Language assessment. (Attach proof of assessment and scores. A score of Non-English OR Limited English Speaking indicates eligibility as LEP.)
 - Parent must sign Notification of Enrollment in Bilingual/ESL Program.

- Homeless, as defined by 42 U.S.C. Section 1143a, regardless of the residence of the child; of either parent of the child, or of the child’s guardian or other person having lawful control of the child.
 - Child lacks fixed, regular, and adequate residence.
 - Primary nighttime residence is a supervised public or private shelter designed to provide temporary living accommodations, or an institution that provided temporary residence for individuals intended to be institutionalized.
 - Primary nighttime residence is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

- Educationally Disadvantaged (Eligible to participate in the national free or reduced-price lunch program.)
 - Proof of Income Eligibility required – Parents/Guardians will be required to re-submit proof in August.
 - Current paycheck stub, current pay envelope, letter from employer stating gross wages paid and how often they are paid, unemployment, worker’s comp.
 - Or disability payment stub, current SNAP, or TNAF case number for free meals
 - Acceptable documentation for self-employment income include: business or farming documents (ex. Ledgers and/or self-issued pay stub, last year’s current IRS tax return)

- Member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority or who was injured or killed while serving on active duty; or

- Conservatorship of the Department of Family and Protective Services (foster care) following an adversary hearing held a provided by Section 262.201, Family Code; or

- Star of Texas Award – Resolution (certificate) required - <https://gov.texas.gov/uploads/files/organization/criminal-justice/PastStarOfTexasAwards.pdf>

Signature of Principal or Designee

Date

*THE ORIGINAL OF THIS FORM MUST BE KEPT IN THE STUDENT’S PERMANENT RECORD, COMPLETE WITH ALL REQUIRED SIGNATURES AND DOCUMENTATION