



Department of Early Childhood Learning Arlington ISD Application for Pre-K4 Scholarship Program

Please download and email this application and any supporting documentation to pkscholarship@aisd.net.

Please, check the appropriate box for each question.

SECTION A

Will my child be 4 years old on or before September 1, 2021?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does my child reside within Arlington ISD school attendance zones?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have I filled out an Arlington ISD application for pre-K?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do I meet the expanded income guidelines requirement? View guidelines	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have I received an official notification of being Non-Eligible for free pre-K services in the district?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you have responded YES to all questions above, Please continue with Section B of this form.

SECTION B

Is my child unable to speak and comprehend the English language?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is my child considered homeless? (McKinney-Vento Act)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is my child a child of an active duty member of the armed forces of the United States or a member of the armed forces who was injured or killed while serving on active duty?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is my child a child of a person eligible for the Star of Texas Award?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is my child currently in or has ever been in foster care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is my child considered educationally disadvantaged; eligible to participate in the national free or reduced-price lunch program?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**If you have responded NO to all questions above in SECTION B,
please proceed to submit the application for the Arlington ISD Pre-K4 Scholarship Program.**



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Student Name:					Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
		Last,		First		
Birth Date:				Place of Birth:		
Parents'/Guardians' Names:						
Address:				City:		Zip Code:
Home Phone:				Cell Phone:		
Work Phone:				Alternate Phone:		
Email:						
Additional Contact:						
Name:				Phone:		Relationship:
Did your child attend school last year? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Where? _____						
Based on your address, please indicate your child home campus:						
Household Income (Annual):				Number of people in Household:		

Completion of Application Checklist for Parents		
Document		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pre-K Arlington ISD Registration Submitted
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pre-K Scholarship Application Submitted
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Picture ID Submitted
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Proof of Address Submitted
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Proof of Income Submitted

For the Early Childhood Department Use Only	
Documents Provided:	
<input type="checkbox"/> Pre-K Arlington ISD Registration Submitted <input type="checkbox"/> Pre-K Scholarship Application Submitted <input type="checkbox"/> Picture ID Submitted <input type="checkbox"/> Proof of Address Submitted <input type="checkbox"/> Proof of Income Submitted	
Qualify for Pre-K Scholarship?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: <input type="checkbox"/> Completed Application and Approved <input type="checkbox"/> Incomplete Application: reason _____	
Campus Assigned: _____	
Approved by:	Date: