			I =	Office Use Only
	Out o	f Zone Completed Y or N	10	Attendance AreaSchool/Center
		NT C	NV	WVEIS #
INFORMA	TION FO	LDER		
				Sex: Male / Fema
AST		FIRST	MIDDLE	
/ Birthpl	lace (City and Sta	nte)	Certificate of Live Bi	rth:ObtainedIn Progress
02 non bus			Court Recor	rds
			Relationship	
			Father - Mother - Both Father & Mother	
)		Cit	y	State Zip
	ontact Order wh	ich concerns this student:	YesNo If "yes" a	copy of the order must be
(Househo	old Language)			
IT=Italian	PO=Polish	VT=Vietnamese HM=Hmong	NA=Navajo CC=C	Chinese Cantonese CM=Chinese Mandarin TH=Thai
KO=Korean	1 A=1 agalog	LA=Laotian AR=Arabic	RU=Russian CR=C	Creole (French) OT=Other
c/Latino?	_ Yes N			
N		Asian	Pacific Islander Black	white American indian/Alaskan Native
			Living in the HomeY	esNo Date of Birth
Cell Phone		Email address		Military:VeteranActive Duty
	Job Title:		Work Phone	
hild)				
				~
				esNo Date of Birth
			Living in the HomeYe	esNo Date of Birth
Cell Phone			Living in the HomeYe	esNo Date of BirthActive Duty
	PH COUNT INFORMA LAST Birthpl 02 non bus Conception or No Concept	Cell Phone (Household Language) (Teltalian PO=Polish TA=Tagalog (TA=Tagalog (TA	Out of Zone Completed Y or N PH COUNTY SCHOOLS INFORMATION FOLDER LAST FIRST Birthplace (City and State) City 02 non bus City Cell Phone A RESTRICTIONS MUST BE DOCUMENTED BY A COURT ORDER. A CO cotection or No Contact Order which concerns this student: (Household Language) IT=Italian PO=Polish VT=Vietnamese HM=Hmong KO=Korean TA=Tagalog VT=Vietnamese HM=Hmong AR=Arabic ic/Latino? Yes No	Out of Zone Completed Y or N PH COUNTY SCHOOLS INFORMATION FOLDER AST FIRST MIDDLE Certificate of Live Bi 02 non bus Court Recor Relationship Father - Mother - Both Father & Mother City City Cell Phone Are there any custody res RESTRICTIONS MUST BE DOCUMENTED BY A COURT ORDER. A COPY OF COURT ORDER MUST BI (rotection or No Contact Order which concerns this student:YesNo If "yes" a — (Household Language) IT=Italian FN=French KO=KOrean TA=Tagalog LA=Laotian FR=French HI=H HM-Hmong NA=Navajo CC=C KO=KOrean TA=Tagalog LA=Laotian AR=Arabic Asian Pacific Islander Black N Living in the HomeY — Cell Phone Email address

2024-25 EMERGENCY INFORMATION

1.Name	Relationship	Phone	Other Phone
2.Name	Relationship	Phone	Other Phone
Please list others in home	e and their date of birth		
Name:	Birth D	ate:	WVEIS #
Name:	Birth D	ate:	WVEIS #
Name:	Birth D	ate:	WVEIS #
Name:	Birth D	ate:	WVEIS #
\diamondsuit I verify that my chil	d has an ongoing source of medical	care at:	\diamondsuit I verify that my child has an ongoing source of dental c
Physician Name:		Dentis	t Name:
Type of Insurance: ()	Medicaid () Chip () Private () Other:	Insurance number:
and NCWVCAA HS and who are on a nee student seeks or inter	. However, some information is required in or d to know basis. Upon request, the Pre-K Coll	der to determine enrollme laborative Partners disclo sure is for the purposes of	Pre-K Collaborative Partners which may include but is not limited to BOE, Child ont. All information disclosed will be used only by those persons related to the process education records without consent to officials of another school district in which the student's enrollment or transfer. This includes disclosure of immunization record replacement purposes.

Circle Size of Family Unit	Circle Household Income
1	Up to \$18,954
2	\$19,720 to \$25,636
3	\$24,680 to \$32,318
4	\$30,000 to \$39,000
5	\$35,140 to \$45,682
6	\$40,280 to \$52,364
7	\$45,420 to \$59,046
8	\$50,560 to \$65,728

Does anyone in the home receive any of the following:					
TANF (Temporary Assistance for Needy Families)/ WV WorksWIC	SSI SNAP				
Do you fall under the definition of Homeless:Yes No					
The McKinney-Vento Homeless Assistance Act defines homeless children and youth as individual adequate nighttime residence and includes: (a) children and youths who are sharing the housing housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or car alternative accommodations; are living in emergency or transitional shelters; or are abandoned in have a primary nighttime residence that is a public or private place not designed for or ordinarily accommodation for human beings, (c) children and youths who are living in cars, parks, public substandard housing, bus or train stations, or similar settings, and (d) migratory children who que	of other persons due to loss of mping grounds due to lack of n hospitals, (b) children and youth who y used as a regular sleeping spaces, abandoned buildings,				

this subtitle because the children are living in circumstances described in (a) through (c).

Child's Name:							
Classroom location ranking: Parents must indicate 1 st , 2 nd , and 3 rd choice – (1 st being the most desired location) Pre-K classroom placement is letermined based on a point system. You are not guaranteed your 1 st choice. Every child will be offered a Pre-K spot somewhere in the County. Each Pre-K location provides Pre-K services (M-TH)							
 Beverly Elementary Coalton Elementary George Ward Elementary Jennings Randolph Elementary 	Nort	and Elementary h Elementary d Ward Elementary					
Do you need before and after school child care?YesNo Do you have any concerns about your child's health or development?YesNo Directions to Home: (Be as specific as possible)							
2024-25 Randolph AN ASSIGNMENT TO A SITE CANNOT BE MADE UNTIL ALL PA RANDOLPH COUNTY UNIVERSA Attendance Area School (He * Parents: Place a "Certified of Live Birth" from the West Virginia S NOT acceptable. Children born outside West Virginia must also be 4 years old on or before June 30, 2024. Certificate of Live Bi * Parents: Place Certificate of Immunization from a physician or hea	L PRE-K STAFF MEMBER. NO EXCEPTIOn one school) State Department of Vital Statistics located in Clause a certified copy from the Department of Vital Statistics located in Clause a certified copy from the Department of Vital Statistics located in Clause and Completed for the completion of the packer and physician. Health Check Physical Form is restricted. Completed forms MUST be received	egistration Folder TES VERIFIED, AND A FINAL REVIEW IS MADE BY A DESIGNATED ONS WILL BE MADE TO THIS RULE. harleston, WV, inside. (Certificates from Hospitals and County Courthouses are ital Statistics/State Capitol from the state where they were born.) Students must t. ution is required for the completion of the packet. quired for the completion of the packet. (Exception: If your child turns 4 after before school begins).					
**Call 304-636-2363 to finalize your application. Signature will	be completed when meeting with FRC.	Information Received At Application: Certificate of Live Birth Health Check					
(Signature of Parent or Guardian)	(Date)	Immunization Record					
(Signature of Staff Member)	(Date)	Dental Exam Blood Lead TB Test (if WV resident less than 4 months)					
(Signature of Case Worker)	(Date)	1D 1est (ii w v resident less than 4 months)					

R&E 17 Revised: 12/12/19, 12/11/2020 12/21/22; **1/5/24**

Child's Name:			Bi	rthdate:	□ In	-persor	on interview Telephone interview
If phone interview, please explain	why:						
HOMELESS (Please read the following de	finition to	annlica	ant and a	nswar quastion). The M	lcKinney-Vento	Homele	eless Assistance Act defines homeless children and youth as individuals who lack
fixed, regular, and adequate nighttime reside living in motels, hotels, trailer parks, or campi who have a primary nighttime residence that	ence and ir ing ground is a public ngs, substa	ncludes: ls due to or priva andard h	(a) childre the lack te place n nousing, be	en and youths who are a of alternative accommod ot designed for or ordina	sharing the hou lations; are livir rily used as a r	ising of ig in em egular s	of other persons due to loss of housing, economic hardship, or a similar reason; are mergency or transitional shelters; are abandoned in hospitals; (b) children and youth sleeping accommodation for human beings, (c) children and youths who are living in migratory children who qualify as homeless for the purposes of this subtitle because
Applicant feels their living situation meets FINANCIAL INFORMATION (Answer each 1. INCOME BASED ON (Income Ver Current Situation (TANF, Hor	the defining section be defined the section be defined the section of the section	ition of elow) must re oster C	homeles epresent are, SNAF	12 month period unless	family receive	s TANI	ote the Homeless Identification Determination Form) NF on a regular basis or currently receiving SSI) Previous 12 months
2. OTHER ELIGIBILITY (Please circle yes TANF (Temporary Assistance for Needy Fa Meets McKinney-Vento Definition of Home SNAP (Supplemental Nutrition Assist. Pro	amilies) eless		no no no no	SSI (Supplemental Sec Child is Foster Child	curity Income)	yes yes	
(Complete sections 3 and 4 only if you did no 3. VERIFICATIONS USED TO DETERMINE	ot answer y	ELIGIB	LITY (Cir.	cle yes or no by each c	ategory)		
1040 TAX RETURN	,			Year of			
W-2 FORM(s) PAY STUBS	,				W2 paystubs		
Pay Envelope	•	no /	Amount	Date of	Envelope		
SIGNED EMPLOYMENT STATEMENT	,	no	Amount _	Date			<u> </u>
UNEMPLOYMENT WORKER'S COMPENSATION	,	no no	Amount _	Dates R Dates F	eceived		_
CHILD SUPPORT	,			Bates i	ncy		
SOCIAL SECURITY DISABILITY	yes			Freque			
SOCIAL SECURITY SURVIVOR BENEFITS	yes				ncy		
OTHER CASH INCOME	yes	no	Amount _	Freque	ncy		
TOTAL GROSS ANNUAL INCOME	HS/	EHS FA	MILY UN	IT [Total Adults:]	[Total Person	s <18: _	:1
4. CERTIFICATION OF PARTIAL OR NO IN Attach to Application)	ICOME CO	OMPLET	Γ ED yes	s no <i>(Complete t</i>	he Certification	of Partia	rtial or No Income if applicant cannot provide any or one complete year of income.
As a part of the application process, I, the							
1. The information provided is accu							
2. I understand that completing this	s applicat	tion for	my chil	d to participate in the	Preschool pr	ogram	n is <u>not</u> a guarantee of placement in a particular Preschool site or classroom
and that this is determined based	l upon a c	ombin	ation of f	actors, rather than sin	ple parent pr	eferenc	nce.
I further understand that:							
1. I will be made aware of my child	d's placen	nent re	commen	dation via U.S mail as	soon as deter	minati	tions are available;
2. It is <i>my</i> responsibility to accept of	or decline	, in wr	iting, said	d placement recomme	ndation in acc	cordanc	nce with timelines set forth in order to secure the slot for my child; and
3. Any changes to the child's place							
*Any participant or potential participant of th	he HS/EHS	S progra	ım who fa	lsifies or misrepresents	given informat		the purpose of their child/themselves being enrolled in the program could lead to
reporting to appropriate authorities and/or reje	ection of ap	plication	on for part	icipation in the HS/EHS	program.		
[Signature of Parent/Guardian] [Date]		Signature	of Staff]	[Date]			[Signature of Case Worker (If applicable)] [Date]