

MONTGOMERY COUNTY PUBLIC SCHOOLS

Log-In Sheet

Prekindergarten/Head Start Programs

Affix Ticket Here

Today's Date: ____/____/____

Log-In # _____

STUDENT INFORMATION

Child's Last Name: _____ Child's First Name _____ Child's Middle Name: _____

Child's Preferred Name: _____

Child's Date of Birth: ____/____/____ (Ages 3 or 4 by September 1, 2021) Age 3 4

Child's Home Address: _____ Apt. # _____

City: _____ State: _____ Zip Code _____

Parent/Guardian (P/G) #1 Name: _____ In Home Yes No

Cell Phone #: ____-____-____ Work/Other #: ____-____-____ Email: _____

Parent/Guardian (P/G) #2 Name: _____ In Home Yes No

Cell Phone #: ____-____-____ Work/Other #: ____-____-____ Email: _____

FOR STAFF ONLY

REVIEW, CHECK BOXES AND COLLECT ALL DOCUMENTS TO COMPLETE APPLICATION

SCREENED BY: _____

Proof of Age and Identity of Student—

- Birth Certificate
- Passport
- Physician's Certificate
- Baptismal or Church Certification
- Hospital Certificate
- Parents' notarized affidavit
- Birth Registration, or other legal or notarized identification for child's identity and date of birth verification.

Proof of Identity of Person Enrolling Student and Relationship to Student—Examples of proof of identity that includes a photograph include—

- Driver's License
- Passport
- Motor Vehicle ID Card
- Other legal form of identification

Proof of Residency in Montgomery County

- If homeowner, an acceptable document is a current property tax bill.
- If renter, an acceptable document is a current rental lease. If the original term of the lease has expired, a copy of a current utility bill or a lease extension should be provided, and an HOC letter, if applicable.
- If shared housing with a homeowner or renter who has bona fide residence in Montgomery County, MCPS Form 335-74, *Shared Housing Disclosure* must be completed. If the original term of the lease has expired, a copy of a current utility bill or a lease extension should be provided along with three documents to demonstrate that the parent/guardian is living at the address. The completed, signed, and notarized MCPS Form 335-74 may be counted as one of the three required proofs of address.

Homeless Foster Care Current Individualized Education Program (IEP)
 Previous School Experience: Where: _____

Missing Documents (Gave Copy of Blue Sheet) _____

Over Income (Gave White Receipt; Gave PK Expansion information)
 Home School: _____ Application Taken By: _____

FOR OFFICE USE ONLY

Date Entered Into Computer ____/____/____ Initials _____

AFFIX LABEL HERE

Category

- 3
- 4

PREKINDERGARTEN/HEAD START INCOME ELIGIBILITY FORM

Please complete the following:

1. CHILDREN INFORMATION. List All children enrolled in Montgomery County Public Schools ONLY. Use additional paper if needed. Include Prekindergarten/Head Start Child

Last Name	First Name	Middle Name	Relationship	Birth Date	Grade	School	Foster Care	Student Gross Income	
								Amount	How Often
1.									
2.									
3.									
4.									
5.									
6.									

2. DO ANY HOUSEHOLD MEMBERS (INCLUDING YOU) CURRENTLY PARTICIPATE IN ONE OR MORE OF THESE PROGRAMS:

Food Supplement Program (FSP) (formerly Food Stamps) or Temporary Cash Assistance (TCA)? Yes No If yes, write the case number here:

3. ALL OTHER HOUSEHOLD MEMBERS. List all other people living in the household. Your household includes all those living as one economic unit—including yourself and anyone living with you, whether or not they are related to you, including all children not listed above. List **all** current household income **before** expenses and deductions for taxes, etc., and how often it is paid: weekly (wk), every two weeks (bi-wk), twice a month (twice), or monthly (mo). If your income varies, write the amount you usually earn.

Last Name	First Name	Relationship to Child	Marital Status	Earnings from Work before deductions Job 1		Earnings from Work before deductions Job 2		All Other Income <small>Child Support, Alimony, TCA, Disability, Social Security; financial support</small>	
				Amount	How Often	Amount	How Often	Amount	How Often
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

4. SIGNATURE AND SOCIAL SECURITY NUMBER. I certify that all the above information is true and that all income is reported. I understand that this information is being given for the school's receipt of federal funds; that school officials may verify the information Falsification of any information submitted may be cause for rejection of this application or removal from the program after placement.

Signature, Adult in Household _____ Date ____/____/____ Social Security # - -

Total Number of Household Members _____ I do not have a Social Security Number

Family Size _____ Total Income \$ _____ Category _____ Special Circumstance (needs review) Yes No

Comments:
