



Head Start Qualification Form

We appreciate your interest in Plano ISD Head Start. The application must be completed.
Please return **all necessary documents** with the completed form. Incomplete forms will not
be processed. **Do NOT mail.**

Campus			Today's Date (mm/dd/yyyy)		Student ID Office Use Only	
STUDENT Information						
Legal Name: Last Name		First Name	Middle Name	Birthdate (mm/dd/yyyy)		Gender
Race / Ethnicity						
Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one) Hispanic/Latino Not Hispanic/Latino			Part 2. Race: What is the person's race? (Choose one or more) American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Asian White Black or African American			
PARENT / GUARDIAN Information						
Parent/Guardian WITH WHOM STUDENT LIVES: Last Name		First Name		Birthdate (mm/dd/yyyy)		
Street Address			APT #	Relationship to Student Father Mother Other (list)		Marital Status Married Separated (provide documentation) Widowed Divorced Never Married
City		TX	Zip			
Home Phone	Cell Phone	Work Phone				
Email Address						
Parent/Guardian 2: Last Name		First Name	Student Lives With? Yes No		Birthdate (mm/dd/yyyy)	
Street Address			APT #	Relationship to Student Father Mother Other		Marital Status Married Separated Widowed Divorced Never Married
City		State	Zip			
Home Phone	Cell Phone	Work Phone				
Email Address						
Parent/Guardian 3: Last Name		First Name	Student Lives With? Yes No		Birthdate (mm/dd/yyyy)	
Street Address			APT #	Relationship to Student Father Mother Other		Marital Status Married Separated Widowed Divorced Never Married
City		State	Zip			
Home Phone	Cell Phone	Work Phone				
Email Address						
Parent/Guardian 4: Last Name		First Name	Student Lives With? Yes No		Birthdate (mm/dd/yyyy)	
Street Address			APT #	Relationship to Student Father Mother Other		Marital Status Married Separated Widowed Divorced Never Married
City		State	Zip			
Home Phone	Cell Phone	Work Phone				
Email Address						
HOUSEHOLD Information						
Single living with a partner (different from any of the child's parents)			Number of members in the family supported financially by the child's custodial parent/legal guardian?		# Children	# Adults
Both parents living together unmarried						
SIBLING Information						
Legal Name: Last Name		First Name		Birthdate		Gender

Head Start Qualification Form

Page 2

Students Special Services:		
Does the child have diagnosed medical problems/or special needs?		Yes No
Speech	Developmental Delay	Physical Impairment
If Yes, please explain:		
Do you suspect that your child has undiagnosed medical problem or special needs?		Yes No
If Yes, please explain:		
Was the child referred by a professional organization to the program?		Yes No
If yes, by whom?		Why?
Additional Eligibility Information		
Does a member of the family other than applicant have diagnosed medical problems/or special needs?		Yes No
Speech	Developmental Delay	Physical Impairment
If Yes, please explain:		
Does your child or anyone in your family receive SSI? (If yes, please bring proof of benefits?)		Yes No
Case Number:	Length of time on SSI:	
Does your child or anyone in your family receive SNAP? (If yes, please bring proof of benefits?)		Yes No
Case Number:	Length of time on SNAP:	
Does your child or anyone in your family receive TANF? (If yes, please bring proof of benefits?)		Yes No
Case Number:	Length of time on TANF:	
Does your child receive WIC?		Yes No
Has your family experienced hardship either currently or in the past that affects your family's ability to be successful?		Yes No
If yes, please explain?		
Health Information		
Does your child receive Medicaid? (If yes, please bring proof of benefits?)		Yes No
Case Number:	Length of time on Medicaid:	
Child Health Care Providers:		
Doctor's Name	Doctor's Address	Doctor's Phone
Dentist's Name	Dentist's Address	Dentist's Phone

Please read the following paragraphs, sign and date the application

Transportation: If your child is selected is for the Head Start program, bus transportation will be offered. Please be aware that transportation is provided from designated bus stops (usually the elementary closest to your home).

Verification: I hereby state that the information provided is true and complete to the best of my knowledge. Falsification of information can lead to the dismissal of my child from the Plano ISD Head Start program, and may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal school hours

I have been informed that this application does not guarantee a place for my child in Plano ISD Head Start. I will be notified of my child's eligibility status in person or by mail.

Once a student enrolls in a public school, that student is required to abide by the school district attendance policies. If your child is selected, you will be required to sign a truancy warning notice during the enrollment process.

In order to be enrolled in Plano ISD Head Start, a child must be 3 or 4 years of age by September 1st of the school year. Students must live within the boundaries of Plano Independent School District. The child's parent, legal guardian, or other persons with legal control under a court order must enroll a child. (Education code 25.002)

The person enrolling the student must present a driver's license or suitable identification. The district will require evidence that the student lives within the district and may withdraw a student who ceases to be a resident. Required identification and records must be provided to the school to enroll a student.

Presenting false information or records for identification is a criminal offense under Penal Code 37.10 and makes the signee liable for tuition or other costs under TEC 25.001(h). See Plano ISD Policy FD (LEGAL) for complete admission requirements.

Parent/Guardian Signature

Date

Campus	Today's Date	Student ID (completed by campus)
---------------	---------------------	---

Dear Parent or Guardian: To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. Changes to Section II are not allowed if the child has been tested for language or has been enrolled for two weeks.

If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

SECTION I Student Information				
Last Name				
First Name			Middle Name	
Age	Date of Birth (mm/dd/yyyy)		Gender (F/M)	
SECTION II Home Language Survey <i>(Please indicate only one language)</i>				
1. What language is used in the child's home most of the time?				
2. What language does the child use most of the time?				
SECTION III Background Information				
1. Student's Country of Birth: <input type="checkbox"/> US <input type="checkbox"/> OUTSIDE US Name of Country: _____				
2. Has student ever attended a U.S. school?		If Yes – Indicate date of initial enrollment in a U.S School (mm/dd/yyyy)		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
If Yes	Name of Previous School	City	State	
SECTION IV Parent Information				
Parent/Guardian (Last, First)			Phone	
Parent Signature			Date	
For Office Use Only				
THE STUDENT DOES NOT NEED A LANGUAGE ASSESSMENT IF:	NOTIFY THE ESL TEACHER IF:	NOTIFY THE ESL TEACHER AND SEND A COPY OF THIS FORM TO THE MULTILINGUAL DEPARTMENT (BIRD BUILDING A) IF:		
<ul style="list-style-type: none"> the parents answer ENGLISH on BOTH questions 1 & 2 (SECTION II). the student is TRANSFERRING from another School District IN TEXAS. 	<ul style="list-style-type: none"> the parents indicate a language OTHER than English on EITHER questions 1 OR 2 (SECTION II). 	<ul style="list-style-type: none"> the parents answer English on questions 1 & 2 (SECTION II) AND the student was born outside US. the student has been identified as Asylee, Refugee or Asylum. Attach a copy of appropriate documentation (ex. Form I-94 Arrival/Departure record) 		
<ul style="list-style-type: none"> Place original signed document in student's LPAC folder 				

BE-1

For more information on the process that must be followed, please visit the following website: www.pisd.edu/ELProcedures.