

CCSD59 4 Year Old Preschool Program Eligibility Application

CCSD59 families will complete this Eligibility Application to determine the eligibility for enrollment of a child for the preschool program for 4-year-old children. This form should be filled out in its entirety by a parent/guardian. All supporting documentation must be attached including verification of the age of the child and the income of the family. Income verification must be completed in order to process the application. Income and eligibility documentation will be retained in a child's file with a copy of this application.

Families will qualify for the program based on a criteria system for (a) Enrolling children identified as having the highest needs, and (b) Ensuring children with the highest needs are prioritized for enrollment through a selection process, which may include a waiting list. After a child is enrolled in the program, he or she will be allowed the opportunity to continue services for the duration of the program until he or she is eligible for kindergarten.

Application for eligibility and this form are only completed one time for each child.

Child's full name: _____ Date of birth: _____ Age on Sept 1: _____

Primary caregiver's name: _____ Relationship to child: _____

Phone number: _____

Other caregiver's name: _____ Relationship to child: _____

Method of Verification: *(Mark all that apply.)*

(Note: Family income does not have to be determined if economic need has been established by proof of receipt of public benefits; however, CCSD59 may ask for this information to better understand the families applying for the program)

Family Income:

Family's annual household income \$ _____ Number of persons in Family/Household _____

Proof of Public benefits (proof of receiving any of these public benefits will be required):

- WIC (Nutrition Program for Women, Infants and Children)
- Medicaid Card (**must** be in parent(s)' name)
- SNAP (food stamps)
- TANF (Temporary Assistance for Needy Families)
- CCAP (Dept of Health Services Child Care Assistance Program)

Proof of Income (required **only** if no proof of public benefits above):

- Paystubs
- SSI (Supplemental Security Income)
- Other form of income verification: _____

Proof of Residency:

- Provide proof of residency - examples of acceptable documents are driver's license, state ID, a recent gas, water, or electric bill, signed and dated lease or mortgage bill, or other documents accepted by the district.

Proof of Age Requirement:

- Provide a certified copy of the child's birth certificate, or a passport plus an affidavit explaining why the birth certificate cannot be provided.

Medical History: Annual Student Health Form Attached**Registration Process: (upon acceptance)** Complete the District 59 registration process**Early Intervention**Has the child been involved in Early Intervention programs? **YES** **NO**

If yes, please specify: _____

Other Factors to Consider:

- YES** **NO** Homeless
- YES** **NO** Current or recent child welfare involvement (Ward of State, foster care, intact family services, TPSN)
- YES** **NO** Primary caregiver did not complete high school/ No GED
- YES** **NO** Family risk factors (death in family, teen parent at time of birth of child, mobility, parent medical health needs, parent incarceration, history of abuse/neglect)
- YES** **NO** Child was born outside of the United States or has one or more parent or caregiver born outside of the United States.
- YES** **NO** Parent or caregiver primarily speaks a language other than English at home.
- YES** **NO** Active Duty Military family
- YES** **NO** Child has not previously participated in a formal early learning program

Will you be able to Transport your child? **YES** **NO**

If no, please provide the following information for where your child would need to be picked up or dropped off:

Street Address: _____

City: _____ Zip Code: _____

Reason for interest in the program:

If this application is approved, do you prefer: **AM session (9:00-11:30am)**
5 days a week (M - F) **PM session (1:00-3:30pm)**
4 days a week (M, T, Th, F)

Please note, preferences for time slots will be considered if possible, but cannot be guaranteed. Time slots will be assigned by the district upon completion of the application process.



COMMUNITY CONSOLIDATED SCHOOL DISTRICT 59

2123 S. Arlington Heights Road * Arlington Heights, IL 60005 #847-593-4300 (Phone), #847-593-4352 (Fax)

PARENT/GUARDIAN VERIFICATION OF STUDENT RESIDENCE

All students attending District 59 schools must be legal residents of the District.

Generally, Illinois law provides that the residence of a student is the same as the person who has legal custody of the student.

STUDENTS ENTERING 3rd & 6th GRADE MUST PROVE RESIDENCY AT THE SCHOOL BETWEEN AUGUST 1 - AUGUST 10

STUDENTS WILL NOT BE ALLOWED TO BEGIN SCHOOL UNTIL RESIDENCY IS PROVEN

NOTICE: Registration of a student who is not a legal resident is a fraudulent act. Illinois law has made it a crime, punishable by imprisonment and fine, to knowingly or willfully present any false information regarding the residency of a student for purposes of enabling that student to attend on a tuition-free basis or to knowingly enroll or attempt to enroll a student on a tuition-free basis when the student is known to be a non-resident of the District. Board of Education policy authorizes the investigation of residency before or after enrollment in accordance with Illinois law and may require additional information to be considered in determining residency. Parents/guardians who fraudulently register a student will be charged tuition for the period the student had been in attendance. The District will seek prosecution to the full extent of the law of any person who the District believes has committed any residency-related crime. Additionally, a civil lawsuit may be initiated by the District.

Student Name:		School Name:	
----------------------	--	---------------------	--

A total of three (3) original documents from the categories below are required to prove residency (If Unable to Provide Use Form SR-5).

Category A: One (1) Document Required	Category B: Two (2) Documents Required		Military Personnel must provide one of the following within 60 days after the date of student's initial enrollment:
<input type="checkbox"/> Most recent Real Estate Tax Bill	<input type="checkbox"/> Driver's License or State ID	<input type="checkbox"/> Current Homeowners/Renters Insurance Policy and Premium Payment Receipt	<input type="checkbox"/> Postmarked Mail Addressed to Military Personnel <input type="checkbox"/> Lease Agreement for Occupancy <input type="checkbox"/> Proof of Ownership of Residence
<input type="checkbox"/> Mortgage Papers	<input type="checkbox"/> Vehicle Registration	<input type="checkbox"/> Most Recent Gas, Electric and/or Water Bill	
<input type="checkbox"/> Signed and Dated Lease or Letter from Manager or Proof of Last Month's Payment	<input type="checkbox"/> Voter Registration	<input type="checkbox"/> Mail Received at District Residence	
IMPORTANT: District 59 reserves the right to evaluate the evidence present and merely presenting the items listed below does not guarantee admission.	<input type="checkbox"/> Most Recent Cable or Credit Card Bill	<input type="checkbox"/> Receipt for Moving Company Services Showing Current Address	
	<input type="checkbox"/> Current Public Aid Card	<input type="checkbox"/> Other _____	

Category C: None of the Documents in Categories A & B are Applicable Because:	<input type="checkbox"/> 1. The student is homeless and eligible for enrollment under the Illinois Education for Homeless Children Act <input type="checkbox"/> 2. The student is enrolling based on the determination of the Department of Children & Family Services (<i>Attach DCFS Documentation</i>)
--	--

I affirm that I am a resident of Community Consolidated School District 59 and that the information presented in this form is true, complete and accurate.

Printed Name of Parent / Guardian	Signature of Parent / Guardian	Date
Residency Materials Received By:	<input type="checkbox"/> All Materials Supplied	
<input type="checkbox"/> Referred for Further Review to:	<input type="checkbox"/> Principal <input type="checkbox"/> Homeless Liaison	



PERMANENT BIRTH RECORD

Dear Parent/Guardian:

In accordance with Illinois law (325 ILCS 50/5, *Missing Children's Record Act*) students enrolling in the district for the first time, must provide within 30 days either:

- a) a certified copy of the student's birth certificate, ***or***
- b) other reliable proof of the student's identity and age (i.e. passport or visa) ***and*** an affidavit explaining the inability to produce a copy of the birth certificate.

Upon the failure of the person enrolling the student to provide the required evidence, the District will notify the local law enforcement agency of such failure, and notify the person enrolling the student in writing that he/she has 10 additional days to comply, or the case will be referred to the local law enforcement agency for investigation. Any affidavit presented which appears to be inaccurate or suspicious in form or content will immediately be reported to the local law enforcement agency.

Student's Last Name	First	Middle	Date of Birth
---------------------	-------	--------	---------------

Place of Birth (City, State, Country) _____

Proof of Birth and Age (mark one and attach copy of document to this form):

Birth Certificate State _____
 Number _____

Passport Country _____
 Number _____

Visa Country _____
 Number _____

Other _____

I am unable to provide a certified copy of a birth certificate for the above named student because:

Name of Parent/Guardian (PRINTED)	Signature of Parent/Guardian	Date
-----------------------------------	------------------------------	------

(for office use only)

Documentation Requirement: Met Not Met

Verified by: _____ School _____ Date _____



HOME LANGUAGE SURVEY

All students new to the district must have this survey completed and signed by a parent/guardian in accordance with state regulations (*23 Illinois Administrative Code Part 228*). This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

_____ Male Female
Student's Last Name First Middle Date of Birth
School _____ SIS ID # _____

- 1. Is a language other than English spoken in your home?
 - a. Yes ____ What language? _____
 - b. No ____

- 2. Does your child speak a language other than English?
 - a. Yes ____ What language? _____
 - b. No ____

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

Parent/Guardian (Print) _____ Relationship to Student _____ Date _____
Parent/Guardian Signature _____ Staff Member who Registered Child _____

(For Office Use Only)

Language _____ Language Code # _____ Grade Assignment _____
Request for Language Assessment from ELL Personnel: Yes No Date _____



ANNUAL STUDENT HEALTH FORM

20 ___ - 20 ___ SCHOOL YEAR

Student: _____ Birth date _____
(last) (First)
Grade _____ Sex _____ School _____

Annual Health History Update	YES	NO
1. Does this child have: Allergies to food, medications or insect stings	_____	_____
Asthma	_____	_____
Any chronic illness	_____	_____
A seizure disorder	_____	_____
Any physical limitations	_____	_____
Diabetes	_____	_____
Glasses	_____	_____

Explain: _____

2. During the past 12 months has this child been:	YES	NO
Hospitalized (include surgery)	_____	_____
Seriously injured	_____	_____

Explain: _____

3. Does this child take medication on a regular basis?	YES	NO
	_____	_____

Explain: _____
(If medications, inhaler or glucose monitoring, etc., needs to be done at school, please refer to the appropriate forms "Medication Guidelines" H-24; "School Medication Authorization" H-25; "Hold Harmless and Indemnification for the Self-Administration of Asthma Medication and/or Possession of an Epinephrine Auto-Injector (Epi-Pen®)" H-26. Complete proper form(s) and return it to the school nurse.)

4. Are there any other health concerns that the nurse/teacher should be aware of?	YES	NO
	_____	_____

Explain: _____

Physician Contact Information

Physician Name: _____ Phone: _____

Name of Practice: _____

Physician Address: _____

Parent(Guardian) Name (please print): _____

Parent (Guardian) Signature _____ Date _____