



Charles County Public Schools
PreKindergarten Application: Category 2 and 3

School #:	
AM	PM

Note to Parents:

Thank you for your interest in Charles County Public Schools' PreKindergarten program. Complete this application if your family's income does not qualify you for Category 1 status. Admission is offered to Category 2 and 3 on a space-available basis, and **is not guaranteed**. Qualified Category 2 applicants receive priority over Category 3, and must meet one or more of the Category 2 criteria (listed on the following page). **Please note that status updates for Category 2 and 3 applicants cannot be provided over the summer.**

Category 2 applicants will be placed between mid-August and mid-September if spaces are available, and some placements may occur after the start of the school year. See Page 2 for a description of Category 2 criteria.

Category 3 applicants will be placed if spaces exist after the placements of all Category 1 and Category 2 students. Category 3 applicants are placed in birth order, with the oldest children first. Category 3 placements will occur after the start of the school year.

Child's Name: _____ **Date of Birth:** _____ **(must be 4 years old by September 1)**

Address: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____

Please indicate your application status. If you are unsure, please read the descriptions on the next page.

Circle one: **Category 2** **Category 3**

Continue to Page 2



Category 2 applicants: Check all that apply, attach the required documentation, and sign.

- Our family income is within 10% of the limit for Category 1 (attach three recent, consecutive paychecks for each wage earner in your household).
- My child's primary language is not English (you will be contacted by the CCPS International Registration Office for an interview to determine eligibility).
- My child has an IEP through Child Find (attach a copy of the IEP).
- Parent will be deployed for 12 months or more (attach a copy of the deployment orders).
- Parent has a chronic medical condition impacting the ability to care for the child (attach physician's statement).
- My child lives with grandparent/elderly guardian (parent is not in the household and grandparent or guardian must have legal rights to enroll the child in school).
- My child attended Head Start last year (attach documentation).

Parent signature: _____

Category 3 applicants: Read carefully and sign.

I understand that:

1. My child is a Category 3 applicant.
2. There may not be spaces available for Category 3 at my home school.
3. Most Category 3 applicants will not be placed.
4. Category 3 applicants are placed in birth order with the oldest children first.
5. Category 3 placements will occur after the start of the school year.
6. I will only be notified if my child is offered a placement.
7. Status updates for Category 3 will not be provided over the summer.

Parent signature: _____

Additional Information

Is there anything else about your child you would like us to know? Use the space below if desired.

Transportation

Bus will pick up at:

- ↑ Home Address
- Child Care Provider (Must be in school zone)

Bus will drop off at:

- ↑ Home Address
- Child Care Provider (Must be in school zone)

Name and address of child care provider:

For School Use Only	For Central Office Use Only
Received Date _____	_____ Date Completed
Verification Documents: (Check when received, copy and keep with application, but do not forward to Early Childhood Office)	<input type="checkbox"/> Income verification <input type="checkbox"/> ELL verification <input type="checkbox"/> IEP <input type="checkbox"/> Deployment orders <input type="checkbox"/> Physician's statement (parent illness) <input type="checkbox"/> Guardianship verification <input type="checkbox"/> Head Start verification
<input type="checkbox"/> Birth certificate (Category 2 and 3) <input type="checkbox"/> Completed CCPS Health Inventory <input type="checkbox"/> Completed CCPS Immunizations Form <input type="checkbox"/> Two (2) proofs of residency verifying school zone (Category 2 and 3)	Category decision (Category 2):
If applicable: Category 2 only (Keep one copy of these items and forward one copy to the Office of Early Childhood along with the application)	<input type="checkbox"/> Category 2 status granted <input type="checkbox"/> Category 2 status denied
<input type="checkbox"/> Income verification <input type="checkbox"/> IEP <input type="checkbox"/> Deployment orders <input type="checkbox"/> Physician's statement (parent illness) <input type="checkbox"/> Guardianship verification <input type="checkbox"/> Head Start verification	Reason for denial:
Application taken by: CCPS Employee's Signature:	Central Office Employee's Signature:
_____	_____
School: _____	
Circle One: AM zone PM zone	