

## PROCEDURES FOR ENROLLMENT FOR PRE-SCHOOL STUDENTS

Sidney ISD is pleased to offer a full day pre-school program to qualified students.

Pre-School students shall be accepted for admittance in the following order:

1. In district 4 year old students who are eligible for the pre-school program.
2. Four year olds who apply for intra-district transfer to the campus if space permits.

The completed application form is for the purpose of evaluation of your child by the Student Selection Committee; the required application paperwork does not reserve a space for your child. You will be notified of the admissions decision by mid-June.

Enrollment Process:

1. Complete application form.
2. Birth Certificate
3. Social Security Card
4. Immunization Record (Must be up to date to enroll in school.)
5. Complete the Socioeconomic Information Form. Students will not be allowed to enroll in school until the form has been received and approved.
6. Child must be toilet trained to enter pre-school.
7. Child must be 4 years old by Sept. 1, 2024.

A student enrolled in the pre-kindergarten program in Sidney ISD become subject to the same attendance requirements of all Sidney ISD students.

When students are not able to attend class, parents should call the school office and report the absence.

Per state law, a student must be in attendance for at least 90 percent of the days the class is offered.

***Parent acceptance of enrollment and attendance requirements:***

**I have read and understand the enrollment and attendance requirements for pre-kindergarten in Sidney ISD.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## SIDNEY 2024-2025 PRE-K APPLICATION FOR ADMISSION

Sidney ISD is pleased to offer a full day pre-school program. The objective of the pre-school program is to provide a solid foundation of school success among 4-year-olds prior to entering the regular public school program.

Child's legal name as it appears on the birth certificate.

Last    First    Middle  
\_\_\_\_\_  
\_\_\_\_\_

Girl \_\_\_ Boy \_\_\_ Age on Sept. 1, 2024 \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Social Security number \_\_\_\_\_

Address \_\_\_\_\_

Street    City    State      Zip

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Child residing with (check all that apply)

\_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Stepmother \_\_\_ Stepfather \_\_\_ Other

Parents are: \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed

Who has legal custody? \_\_\_\_\_ Is there any other information that might be helpful for us to know about your child or circumstances at home that could affect him/her at school?  
\_\_\_\_\_

Father \_\_\_\_\_ Phone \_\_\_\_\_

e-mail address \_\_\_\_\_

Address (if different) \_\_\_\_\_

Employer \_\_\_\_\_ Job title \_\_\_\_\_

Mother \_\_\_\_\_ Phone \_\_\_\_\_

e-mail address \_\_\_\_\_

Address (if different) \_\_\_\_\_

Employer \_\_\_\_\_ Job title \_\_\_\_\_

Emergency Names (Persons authorized to care for student when ill/or act in an emergency when parents cannot be reached.)

Name # 1 \_\_\_\_\_ Phone \_\_\_\_\_

Name #2 \_\_\_\_\_ Phone \_\_\_\_\_

Please list the names of all people you will allow to pick up your child from preschool. If someone comes to pick up your child and his/her name is not on the list, your child will not be released to that person until we have contacted you for permission.

\_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_ Phone number \_\_\_\_\_

\_\_\_\_\_ Phone number \_\_\_\_\_

Please list anyone that MAY NOT pick up your child: \_\_\_\_\_

Please list ALL medications that your child takes.

Medication name	Reason	Dose	How often taken?
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_____	_____	_____	_____
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Does your child have a health problem that could result in an emergency? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

If your child needs to take medication at school, please consider the following:

1. All medication taken at school, including non-prescription (over the counter) medication must be taken through the office unless otherwise arranged with the office.
2. Students may bring their own over the counter medication. This must be in its original container with special instructions provided by a physician if needed.

Health Concerns. Please check all that apply.

ADHD/ADD Other learning disabilities Yes \_\_\_\_\_ No \_\_\_\_\_

Asthma or other breathing problems Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies (list) \_\_\_\_\_

Bladder problems/ Bowel problems (describe) \_\_\_\_\_

Diabetes: Type 1 \_\_\_ Type 2 \_\_\_

Food intolerance (describe) \_\_\_\_\_

Social / Emotional / Behavioral / Mental health concerns (describe) \_\_\_\_\_

Vision deficit \_\_\_\_\_ Hearing deficit \_\_\_\_\_

Other health concern or significant history of problems (describe) \_\_\_\_\_

\_\_\_\_\_

Will your child be transferring from another district? \_\_\_\_\_

If so, what district? \_\_\_\_\_

Reason for wanting to transfer \_\_\_\_\_

Bus Transportation Information

Will your child be using bus transportation to get to school? Yes\_\_\_\_ No\_\_\_\_

In case of inclement weather my child:

\_\_\_\_ Will be picked up by\_\_\_\_\_

\_\_\_\_ Will ride the bus home.

PERMISSION FOR EMERGENCY TREATMENT AND ADMINISTERING  
MEDICATION

I hereby give permission for the staff at Sidney ISD to administer the following medication to my child if deemed necessary (Check if Yes):

\_\_\_ Medication prescribed by a doctor (that must be taken while the child is in the care of the school)

\_\_\_ Children's Tylenol/ acetaminophen or Children's Advil/ ibuprofen (for pain and/or fever with phone call to parent)

\_\_\_ First Aid

\_\_\_ Cough drops

No other medications will be administered except those listed above. If your child becomes ill, you will be notified. It is the parent's responsibility to make sure the child's emergency numbers are current.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

# Socioeconomic Information Form

**\*CONFIDENTIAL\***

Student Name \_\_\_\_\_ Student Grade \_\_\_\_\_ Student Date of Birth \_\_\_\_\_

School Name SIDNEY ISD Student ID \_\_\_\_\_

*Sidney ISD is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.*

## **SECTION A**

Do you receive Supplemental Nutrition Assistance (SNAP)?  Yes  No

Do you receive Temporary Assistance to Needy Families (TANF)?  Yes  No

*If you answered YES on either of the above, skip SECTION B and continue to the SIGNATURE section.*

## **SECTION B (Complete only if all answers in SECTION A are NO)**

How many members are in the household (include all adults and children)? \_\_\_\_\_

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS (check one box below):

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income **(before any type of deductions)**.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$0 – 21,590      | <input type="checkbox"/> \$44,124 – 51,634 | <input type="checkbox"/> \$74,168 – 81,678  | <input type="checkbox"/> \$104,212 – 111,722 |
| <input type="checkbox"/> \$21,591 – 29,101 | <input type="checkbox"/> \$51,635 – 59,145 | <input type="checkbox"/> \$81,679 – 89,189  | <input type="checkbox"/> \$111,723 – 119,233 |
| <input type="checkbox"/> \$29,102 – 36,612 | <input type="checkbox"/> \$59,146 – 66,656 | <input type="checkbox"/> \$89,190 – 96,700  | <input type="checkbox"/> \$119,234 – 126,744 |
| <input type="checkbox"/> \$36,613 – 44,123 | <input type="checkbox"/> \$66,657 – 74,167 | <input type="checkbox"/> \$96,701 – 104,211 | <input type="checkbox"/> \$126,745 and above |

**SIGNATURE** Please check one of the following two boxes as appropriate.

*In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.*

I certify that all the information on this form is true and that all income is reported. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

\_\_\_\_\_  
Parent / Guardian Name (Print)

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date