

Winslow Township School District Preschool Eligibility Application 2009-2010

Part 1. Children in School (Use a separate application for each foster child)			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade	Food Stamps or TANF case # (if any) Skip to Part 4 if you list a Food Stamp or TANF case #
			Case #
			Case #
			Case #
			Case #
			Case #

Part 2. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box
 And then list the amount of the child's personal use monthly income: \$ _____ Skip to part 4.

Part 3. Total Household Gross Income – You must tell us how much and how often for each person; check if no income

1. Name (List everyone in household – include students listed above)	2. List gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/everyother week \$100/weekly				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other Income	
	How Often	How Often	How Often	How Often	
1.	\$ /	\$ /	\$ /	\$ /	
2.	\$ /	\$ /	\$ /	\$ /	
3.	\$ /	\$ /	\$ /	\$ /	
4.	\$ /	\$ /	\$ /	\$ /	
5.	\$ /	\$ /	\$ /	\$ /	
6.	\$ /	\$ /	\$ /	\$ /	
7.	\$ /	\$ /	\$ /	\$ /	
8.	\$ /	\$ /	\$ /	\$ /	
9.	\$ /	\$ /	\$ /	\$ /	
10.	\$ /	\$ /	\$ /	\$ /	

Part 4. Signature

An adult household member must sign the application. I certify (promise) that all information on this application is true and that all income is reported. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may not be eligible for participation in the Winslow Township School District preschool program.

Sign Here: X _____ Print Name: _____ Date: _____

Address: _____ Phone Number: _____

If the child you are applying for is homeless, migrant, or a runaway, complete Part 4 and check the appropriate the appropriate box and call your Homeless Liaison or Migrant Coordinator.

Homeless Migrant Runaway

Status Free Reduced Denied

If two or more frequency are noted: income must be annual.

Chart:

Weekly X 52

Every 2 weeks X 26

Twice a month X 24 - 15th and 30th

Monthly X 12