

ZELC Pre-K Tuition Benefits Eligibility Form

Zachary Community Schools

USE BLACK INK. PRINT NEATLY.

1 If applying for a homeless, migrant, or runaway check the appropriate box, list the student in section 2.

Homeless Migrant Runaway

STUDENTS ATTENDING ZACHARY COMMUNITY SCHOOLS

Print Name for ALL Students Attending Zachary Community Schools

Birthdate

Legal First Name	MI	Legal Last Name	M	M	D	D	Y	Y	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4a If any member of your household receives SNAP, FDIPIR, or FITAP, Provide the name and case number for the person who receives benefits.

Name: _____ Case Number:

4b LIST ALL ADULTS & CHILDREN NOT ATTENDING ZACHARY COMMUNITY SCHOOLS

On Payday, How Much Money Did Each Person Get Before Deductions?

Check Box if No Income	Earnings from Work Before Deductions: Job 1	Welfare Payments, Child Support/Alimony	Pay from Pensions, Retirement / Social Security	Job 2 or Any Other Income
<input type="checkbox"/>	Fill in Circle: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> How Often? <input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	Fill in Circle: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> How Often? <input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	Fill in Circle: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> How Often? <input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	Fill in Circle: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> How Often? <input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month
<input type="checkbox"/>	Fill in Circle: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> How Often? <input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	Fill in Circle: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> How Often? <input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	Fill in Circle: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> How Often? <input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month	Fill in Circle: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> How Often? <input type="radio"/> Monthly Every Other Wk <input type="radio"/> Weekly Twice A Month

Child's Name: _____	Date of Birth: _____	Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____	Child's Name: _____	Date of Birth: _____
Child's Name: _____	Date of Birth: _____	Child's Name: _____	Date of Birth: _____

WRITE TOTAL NUMBER OF HOUSEHOLD MEMBERS HERE (Optional)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted.

5 *Adult Household Member

Social Security # (Last 4 Digits ONLY) * * * - * * -

If you do not have a Social Security Number mark this box

ADULT HOUSEHOLD MEMBER MUST SIGN TO BE CONSIDERED FOR STATE GRANT

SIGN HERE

Today's Date

PRINT HERE

Address _____

City _____ Zip _____ Daytime Phone _____

E-Mail address Home Phone _____

I decline submitting income verification. I understand that I am responsible for all tuition and fees.

SIGN HERE PRINT HERE DATE

Children's ethnic/race identities (optional): Choose one ethnicity: HISPANIC/LATINO NOT HISPANIC/LATINO Choose one or more (regardless of ethnicity): WHITE ASIAN BLACK or AFRICAN AMERICAN AMERICAN INDIAN or ALASKAN NATIVE NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER