2025-2026 PREKINDERGARTEN APPLICATION

Allegany County Public Schools

PROGRAM AGE REQUIREMENTS

Pre-k 3	**Pre-k 4**
3 years old by 9/1/2025 Born between: 9/1/2022 – 8/31/2023	4 years old by 9/1/2025 Born between: 9/1/2021 – 8/31/2022

STUDENT INFORMATION

Child's Legal Name | **Date of Birth (MM/DD/YYYY)**

Parent/Guardian Name | **Relationship to Child**

Child's Primary Home Address City: State: Zip:

Parent/Guardian Phone Number | **Parent/Guardian Email Address**

PUBLIC SCHOOL PROGRAM PREFERENCE

Pre-k 3	**Pre-k 4**
☐ AM Pre-k 3	☐ AM half-day Pre-k 4
☐ PM Pre-k3	☐ PM half-day Pre-k 4
	☐ Full-day Pre-k 4

HEAD START PARTICIPATION & PREFERENCE

- ☐ Currently enrolled in Head Start_____ *Location Name*
- ☐ I am also interested in applying for Head Start
- ☐ I have already applied for Head Start
- ☐ I want to attend ½ day Head Start & ½ day Pre-k

PRIVATE PREKINDERGARTEN PREFERENCE

☐ Name of private pre-k provider: _____

PLEASE CHECK ALL APPLICATION ELIGIBILITY FACTORS THAT APPLY

- ☐ Family Household Income (all applicants)
- ☐ McKinney-Vento (child lacks a fixed, regular, and adequate night time residence)
- ☐ Special Education IEP or IFSP
- ☐ Foster Care (child is currently in a Foster Care program)
- ☐ Multilingual Learner (Please complete a Home Language Survey)

PLEASE CHECK, IF APPLICABLE TO CHILD

- ☐ Biological parent separated from child due to death, deployment, incarceration, or court order
- ☐ Chronic lingering health concern (mental or physical)
- ☐ Child lives with grandparents, elderly guardian, or other non-parent relative (parent is not present)

FOR ACPS OFFICE USE ONLY

Student's Name		Date of Birth (MM/DD/YYYY)
Home School	Requesting Out of District to	Out of District Request Status: Approved / Denied

ENROLLMENT DOCUMENTATION

- ☐ Parent or Guardian Photo ID
- ☐ Birth Certificate, Birth Registration, Physician's Certificate, Hospital Certificate, Parent or Guardian Affidavit
- ☐ Proof of Residency (utility bill, lease, deed, bank statement, mail received from government office)
- ☐ Immunization Records
- ☐ Proof of Income
  - ☐ Tax Document – W2, 1090, 1040
  - ☐ Paystubs - Weekly paystubs (4), Bi-weekly or Twice per month paystubs (2), Monthly paystubs (1)
  - ☐ SNAP, TCA, TANF
  - ☐ Notarized letter from employer or Notarized letter of no income
  - ☐ Documentation of additional income (child support, disability, social security, unemployment)

PROGRAM PLACEMENT

Pre-k 3

- ☐ AM 1/2 day ACPS
- ☐ PM 1/2 day ACPS
- ☐ AM 1/2 day Head Start
- ☐ PM 1/2 day Head Start
- ☐ Regional Special Needs
- ☐ Private Pre-k Provider _____

Pre-k 4

- ☐ AM 1/2 day ACPS
- ☐ PM 1/2 day ACPS
- ☐ AM 1/2 day Head Start
- ☐ PM 1/2 day Head Start
- ☐ Full-day
- ☐ Regional Special Needs
- ☐ Private Pre-k Provider _____

Tier 1

☐ FPL % ☐ Annual Income ☐ Household Size ☐ 300% and below

(Round up to nearest 10 %)

Tier 2

☐ FPL % ☐ Annual Income ☐ Household Size ☐ Between 301-600% FPL

(Round up to nearest 10 %)

Tier 3

☐ FPL % ☐ Annual Income ☐ Household Size ☐ 601% FPL and above

(Round up to nearest 10 %)

Additional Eligibility Enrollment Factors

☐ McKinney-Vento ☐ Multilingual Learner ☐ Foster Care ☐ IFSP ☐ IEP