

**2021-2022 Eligibility Requirements for Pre-Kindergarten program at WISD.**

- The student must be age 4 as of Sept. 1, 2021
- Be unable to speak and comprehend the English language
- Be educationally disadvantaged, which means a student eligible to participate in the national free or reduced-price lunch program
- Be homeless, as defined by 42 United States Code (U.S.C.) Section 1143a, regardless of the residence of the child, of either parent of the child, or of the child's guardian or other person having lawful control of the child
- Be the child of an active duty member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who is ordered to active duty by proper authority;
- Be the child of a member of the armed forces of the United States, including the state military forces or a reserve component of the armed forces, who was injured or killed while serving on active duty;
- Be in, or have been in, the conservatorship of the Department of Family and Protective Services (DFPS) following an adversary hearing held as provided by Section 262.201, Family Code;
- Be the child of a person eligible for the Star of Texas Award as a peace officer (3106.002), firefighter (3106.003), or emergency medical first responder (3106.004)

**The following documents are required for enrollment in the state required Pre-K.**

- certified birth certificate,
- social security card,
- current shot records, and
- proof of address (current utility bill),
- parent/guardian ID,
- previous year's tax return

**WORTHAM ELEMENTARY  
PRE-K and KINDER STUDENT ENROLLMENT FORM**

NAME: \_\_\_\_\_  
                    LAST                                      FIRST                                      MIDDLE

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone # (     ) \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Special Programs (please circle) Special Education, ESL, Gifted & Talented, 504 Program, Speech, Other

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PARENT/GUARDIAN INFORMATION: (please indicate with whom the child lives) \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE # (     ) \_\_\_\_\_ - \_\_\_\_\_

P. O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PLACE \_\_\_\_\_ CITY \_\_\_\_\_ TELEPHONE# (     ) \_\_\_\_\_ - \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE # (     ) \_\_\_\_\_ - \_\_\_\_\_

P. O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK PLACE \_\_\_\_\_ CITY \_\_\_\_\_ TELEPHONE # (     ) \_\_\_\_\_ - \_\_\_\_\_

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EMERGENCY NUMBERS: (Whom you want contacted if we cannot reach you.)

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ (     ) \_\_\_\_\_ - \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ (     ) \_\_\_\_\_ - \_\_\_\_\_

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Presenting false information or records for identification is a criminal offense under Penal code 37.10. Enrolling the child under false documents makes the parent/guardian liable for tuition or the cost as provided below. Tuition – The amount of expense required from local funds.

**I HEREBY CERTIFY THAT ALL INFORMATION SHOWN ON THIS FORM IS CORRECT**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

## Wortham ISD Pre-K Eligibility Application

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Please complete the questions below so that we may access your student's eligibility for PK:**

Is this child unable to speak/comprehend the English language? \_\_\_\_\_

Is this child currently homeless? \_\_\_\_\_

Is this student the child of an active duty member of the armed forces of the United States, including the state military forces or a reserved component of the armed forces, who is ordered to active duty by proper authority? \_\_\_\_\_

Is or has this child ever been in the conservatorship of the Texas DFPS(foster care) following an adversary hearing? \_\_\_\_\_

Is this student the child of a person eligible for the Star of Texas Award as: a peace officer, firefighter, or emergency medical first responder? \_\_\_\_\_

Is this child educationally disadvantaged(eligible to participate in the National School Lunch Program)? \_\_\_\_\_

If you answered yes:

How many family members in your household? \_\_\_\_\_

Combined gross monthly income of all members of the household? \_\_\_\_\_

Do you receive food stamps, TANF, or free/reduced benefits? \_\_\_\_\_

\*If yes, please list EDG number. \_\_\_\_\_

Wortham INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

HOME LANGUAGE SURVEY -19 TAC Chapter 89, Subchapter BB, §89.1215  
(Home Language Survey applicable ONLY if administered for students enrolling in pre-kindergarten through grade 12)

**TO BE COMPLETED BY PARENT OR GUARDIAN FOR STUDENTS ENROLLING IN PREKINDERGARTEN THROUGH GRADE 8 (OR BY STUDENT IN GRADES 9-12):** The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

To determine if your child would benefit from Bilingual and/or English as a Second Language program services, please answer the two questions below.

If either of your responses indicates the use of a language other than English, then the school district must conduct an assessment to determine how well your child communicates in English. This assessment information will be used to determine if Bilingual and/or English as a Second Language program services are appropriate and to inform instructional and program placement recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

For more information on the process that must be followed, please visit the following website: <https://projects.esc20.net/upload/page/0081/docs/Juneupdates/EnglishLearnerIdentification-ReclassificationFlowchart.pdf>

This survey shall be kept in each student's permanent record folder.

NAME OF STUDENT: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

CAMPUS: \_\_\_\_\_

**NOTE: PLEASE INDICATE ONLY ONE LANGUAGE PER RESPONSE.**

1. What language is spoken in the child's home **most of the time**? \_\_\_\_\_
2. What language does the child speak **most of the time**? \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student if Grades 9-12 \_\_\_\_\_ Date \_\_\_\_\_

NOTE: If you believe you made an error when completing this Home Language Survey, you may request a correction, in writing, only if: 1) your child has not yet been assessed for English proficiency, and 2) your written correction request is made within two calendar weeks of your child's enrollment date.

Wortham

INDEPENDENT SCHOOL DISTRICT/CHARTER SCHOOL

Questionario sobre el idioma que se habla en el hogar

19 TAC Chapter 89, Subchapter BB §89.1215

**DEBE DE COMPLETARSE POR EL PADRE O TUTOR PARA ESTUDIANTES QUE CURSEN DESDE PREKINDER HASTA EL OCTAVO GRADO: (O POR EL ESTUDIANTE SI CURSA GRADOS DEL 9-12):** El estado de Texas requiere que la siguiente información sea completada para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Es la responsabilidad del padre o tutor, no de la escuela, proporcionar la información del idioma requerida por las siguientes preguntas.

Querido padre o tutor:

Para determinar si su hijo(a) se beneficiara de los servicios de los programas bilingües y/o de inglés como segundo idioma, por favor responda las dos preguntas siguientes.

Si cualquiera de sus respuestas indica el uso de un idioma que no sea inglés, entonces el distrito escolar debe realizar una evaluación para determinar que tanto se comunica su hijo(a) en inglés. Esta información resultante de la evaluación se usará para determinar si los servicios de programas bilingües y/o de inglés como segundo idioma son apropiados e informará las recomendaciones en cuanto a la instrucción y la asignación del programa. Una vez completada la evaluación de su hijo(a), no se permitirán cambios a las respuestas en el cuestionario. Si tiene preguntas sobre el propósito y el uso del cuestionario sobre el idioma que se habla en el hogar, o si necesita ayuda para completar el cuestionario, por favor comuníquese con el personal del distrito escolar.

Para más información sobre el proceso que debe seguirse, por favor visite el siguiente sitio web:  
[https://projects.esc20.net/upload/page/0081/docs/JuneUploads/Spanish\\_English\\_Learner\\_Identification\\_Reclassification\\_Flowchart.pdf](https://projects.esc20.net/upload/page/0081/docs/JuneUploads/Spanish_English_Learner_Identification_Reclassification_Flowchart.pdf)

**Este cuestionario se deberá archivar en el expediente permanente del estudiante.**

**NOMBRE DEL ESTUDIANTE:** \_\_\_\_\_

**DIRECCIÓN:** \_\_\_\_\_

**ESCUELA:** \_\_\_\_\_

**ID#:** \_\_\_\_\_

**TELÉFONO:** \_\_\_\_\_

**Nota: Indique sólo un idioma por respuesta.**

1. ¿Qué idioma se habla en la casa de su hijo(a) **la mayoría del tiempo**?
2. ¿Qué idioma habla su hijo(a) **la mayoría del tiempo**?

Firma del padre o tutor \_\_\_\_\_ Fecha \_\_\_\_\_

Firma del estudiante si esta en los grados 9-12 \_\_\_\_\_ Fecha \_\_\_\_\_

NOTA: Si cree que cometió un error al completar este cuestionario sobre el idioma que se habla en el hogar, puede solicitar una corrección, por escrito, solo si: 1) su hijo(a) aún no ha sido evaluado para el dominio del inglés, y 2) su solicitud de corrección por escrito se realiza dentro de las dos semanas calendario posteriores a la fecha de inscripción de su hijo(a).