JARRELL INDEPENDENT SCHOOL DISTRICT
PREKINDERGARTEN (PRE-K) ELIGIBILITY

Student Name: _____ **DOB**: _____ **Age** (as of 9/1/26): _____

To be eligible for Prekindergarten, a child must be 4 years of age on September 1, 2026, and meet one of the following requirements*:

_____ Be unable to speak and comprehend the **English language**

- Home Language Survey and
- Oral Language Proficiency Test (campus will complete before start of school) - LPAC must occur before enrollment if this is the only qualifier

_____ Be **educationally disadvantaged** (eligible in the National School Lunch Program)

*Registrars send all student names to the Food Service Dept for review of eligibility. The department will email the Registrar with the determination. Eligibility may be reviewed before July 1 with the prior year form; however, the current year application must be complete before enrolling in a class. Eligibility is pending until final review with the current year NSLP application.

- NSLP Application or
- Federal Assistance Programs (may use household members' credentials - Food Services will verify.)
  - Medicaid EDG #_____
  - SNAP EDG #_____
  - TANF EDG #_____

_____ Be homeless per **McKinney-Vento Act** (lack a fixed, regular, and adequate nighttime residence)
Student Residency Questionnaire

_____ Be the **child of an active duty member** of the armed forces of the United States.

- Verify the student's US DoD photo ID for children of active duty service members (do not copy), or
- A statement of service

_____ Be the **child of a member of the armed forces** of the United States who was injured or killed while serving on active duty

- Copy of the death certificate using the service-appropriate DoD form, or
- Copy of DoD form that indicates death as the reason for the separation from service, or
- Copy of Purple Heart orders or citations for children, or
- Copy of the line of duty determination documentation for children, or
- Documentation that a service member is MIA

_____ Has ever been in the conservatorship of the **Texas Department of Family Protective Services**

- Documentation may include the DFPS Placement Authorization Form 2085, DFPS Designation of Education Decision Maker Form 2085-E, or a court order.

_____ Has been in **foster care** in another state or territory

- Official documentation, such as redacted court orders or official paperwork from state or regional child welfare

_____ Is a child of a person eligible for the **Star of Texas Award**

- Criminal Justice Division - Past Honorees
- Certificate of Resolution, if the current year

_____ Is a child of a **JISD teacher (role 087)**

- Registrar informs District PEIMS Director for review.

_____ Is a child of a **JISD employee (non-teacher)** and does not meet the criteria above

- Registrar provides staff with staff terms and conditions and submits to the District PEIMS Director for review.

DETERMINATION OF ELIGIBILITY by Campus Administrator

___ Approved: I verify the qualifying documentation has been reviewed and is retained in the student's official cumulative folder for auditing purposes. A student is not enrolled until formal eligibility.

___ Not Approved: The student does not meet the eligibility requirements for enrollment in the JISD PreK Program.

_____ _____

Signature of Campus Administrator Date Verified

*SAAH Section 7.2

TEA Audited Material: Retain Documentation in Student Cumulative folder

Distrito Escolar Independiente de Jarrell
Elegibilidad para preescolar (Pre-K)

Nombre del estudiante: _____ **fecha de nacimiento**: _____ **Edad** (a partir del 1/9/26): _____

Para ser elegible para Prekindergarten, un niño debe tener 4 años de edad el 1 de septiembre de 2026 y cumplir uno de los siguientes requisitos*:

_____ Ser incapaz de hablar y comprender el **idioma en Inglés**

- Encuesta sobre el idioma del hogar y

_____ Ser **en desventaja educativa** (elegible en el Programa Nacional de Almuerzos Escolares)

- Solicitud NSLP
- Programas de asistencia federal (pueden utilizar las credenciales de los miembros del hogar; Servicios de alimentos verificará).
  - Medicaid EDG #_____
  - BORDE COMPLETO #_____
  - TANF EDG #_____

_____ Estar sin hogar por **Ley McKinney-Vento** (carecen de residencia nocturna fija, regular y adecuada)
Cuestionario de residencia estudiantil

_____ ser el **hijo de un miembro en servicio activo** de las fuerzas armadas de los Estados Unidos.

_____ ser el **hijo de un miembro de las fuerzas armadas** de los Estados Unidos que resultó herido o muerto mientras prestaba servicio activo

_____ Ha estado alguna vez bajo la tutela del **Departamento de Servicios de Protección Familiar de Texas**

_____ ha estado en **cuidado de crianza** en otro estado o territorio

_____ ¿Es hijo de una persona elegible para el **Premio Estrella de Texas**

DETERMINATION OF ELIGIBILITY by Campus Administrator

___ Approved: I verify the qualifying documentation has been reviewed and is retained in the student's official cumulative folder for auditing purposes.

___ Not Approved: The student does not meet the eligibility requirements for enrollment in the JISD PreK Program.

_____ _____

Signature of Campus Administrator Date Verified

*SAAH Section 7.2

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