

## Howard Early Childhood Center, AHISD Pre-Kindergarten Placement Information Sheet

*At Howard Early Childhood Center, we strive to create very balanced classrooms. We want to be certain the students' backgrounds and needs are taken into account when making placement decisions. It is for this reason we ask you to complete this form. The information provided will help us in doing all we are able to do to meet the needs of your child.*

Today's Date: \_\_\_\_\_

\*Age on Sept. 1<sup>st</sup>: \_\_\_\_\_ (child must be 4yrs. old on or before Sept. 1)

Child's Name: \_\_\_\_\_

Name child goes by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: (circle) Male Female

Ethnicity: (circle) Am. Indian \* Asian/Pacific \* Black \* Hispanic \* White \* Other: \_\_\_\_\_

Guardian #1 \_\_\_\_\_

Guardian #2 \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact Number \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Parents are: (circle) Married Separated Divorced Deceased Other: \_\_\_\_\_

Child lives with: (circle all that apply) Mother Father Stepmother Stepfather Other: \_\_\_\_\_

Sibling Name/Age: \_\_\_\_\_

*If siblings attended Howard, indicate and list his or her teacher:*

\_\_\_\_\_

Howard Teacher: \_\_\_\_\_

\_\_\_\_\_

Howard Teacher: \_\_\_\_\_

\_\_\_\_\_

Howard Teacher: \_\_\_\_\_

Prior School Experience: (circle) None - Daycare - PK/Preschool

Name of program or school: \_\_\_\_\_

Language the child speaks: \_\_\_\_\_

Language(s) spoken in the home: \_\_\_\_\_

**Volunteer Information:** (circle one) Parent(s) would be interested in regularly volunteering WEEKLY or MONTHLY in the classroom.

Total Number of Family Members in the Home: \_\_\_\_\_

Total Annual Income: \_\_\_\_\_

Income Source: \_\_\_\_\_

For Office Use Only: PK/HS	
CPS:	
IEP:	
Income:	
Language (Bilingual/ESL):	
Military:	

**Information used to balance classes and plan for appropriate supports**

Please tell us about your child's personality and any behaviors of which we should be made aware.

On a scale of 1-5, please rate your child's social and emotional readiness for pre-kindergarten.

1	2	3	4	5
<i>I have some concerns.</i>	<i>Below Average for Age</i>	<i>Average for Age</i>	<i>Above Average for Age</i>	

Additional Information:

Based on your child's preschool/home experiences, please rate your child's academic readiness for pre-kindergarten.

1	2	3	4	5
<i>I have some concerns.</i>	<i>Below Average for Age</i>	<i>Average for Age</i>	<i>Above Average for Age</i>	

Additional Information:

## APPLICATION TO DETERMINE ELIGIBILITY FOR PRE-KINDERGARTEN PROGRAM

The Alamo Heights Independent School District's pre-kindergarten program is designed to develop skills necessary for success in the regular school curriculum, including language, mathematics, and social skills. In order to enroll in the pre-kindergarten program at Howard Early Childhood Center, parents must first complete this form to determine if the child is eligible to attend.

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

Male \_\_\_\_\_ Female \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Child lives with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other: \_\_\_\_\_

### Part 1. Children in School

Names of all children in school (Last, First, Middle Initial)	School Name	Social Security # or School ID #	Grade	Eligibility Group # for Food Stamps or TANF (if any)
1.				
2.				
3.				
4.				
5.				
6.				

*If you listed an Eligibility Group # for Food Stamp/TANF, skip to Part 4.*

### Part 2. Foster Child

If your four-year old child is the legal responsibility of a welfare agency or court, check box  and list the amount of the child's personal use monthly income: \$ \_\_\_\_\_. Skip to Part 4.

**Part 3. Household Members and Gross Income From Last Month** (List each person in the household. For each person who receives income, write the amount received and how often it is received.)

1. Name. (List everyone in household.)	2. Income and how often it is received. Weekly (W), Every 2 Weeks (E), Twice a Month (T), Monthly (M).				3. Check if NO Income.
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
Example: Smith, Jane E.	\$200/E	\$50/M			
1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>

### Part 4. Signature and Social Security Number (Adult must sign.)

Sign here: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### FOR SCHOOL OFFICE USE ONLY:

Eligibility: \_\_\_\_\_ (I) \_\_\_\_\_ (LEP) \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_ (E)



VERIFICATION OF PRIMARY RESIDENCE

This is to verify that \_\_\_\_\_ resides at  
Student Name

Address

Zip Code

within the Alamo Heights Independent School District. It is understood that it is the responsibility of the parent/guardian to notify the principal's office in the event of a change of address.

*Falsification of information or records to the Alamo Heights Independent School District is a criminal offense under Penal Code 37.10 and enrolling the child under false documentation will result in immediate withdrawal of the student(s) and maintenance and operating expenses for the current year will be charged each student on a per student day basis. Education Code 25.002(d).*

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

\_\_\_\_\_  
Date

FOR SCHOOL USE:

Documentation of proof of residence:

Recent Utility Receipt:

- Water
- CPS
- Cable

Lease agreement/rent receipt  
(with all students listed as occupants)

Purchase Contract with closing date

\_\_\_\_\_  
Signature of School Register

\_\_\_\_\_  
Date



Alamo Heights Independent School District

7101 Broadway ° San Antonio, Texas 78209 ° Phone 210-824-2483

Dear Parent or Guardian:

The State of Texas requires that each school district conduct a survey of all students who hear or use a language other than English in the home. Our school offers a program that may assist these students. The purpose of this survey is to identify students who might be eligible for English As a Second Language classes. 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 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. Once your child is assessed, changes to the Home Language Survey responses are not permissible.

Thank you for your cooperation in this survey.

Sincerely,

Dr. Jimmie Walker

Dr. Jimmie Walker, Executive Director of Curriculum & Instruction

HOME LANGUAGE SURVEY

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Campus \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Previous School Attended \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

TO BE FILLED IN BY PARENT OR GUARDIAN:

(1) What language is spoken in your home most of the time? \_\_\_\_\_

(2) What language does your child speak most of the time? \_\_\_\_\_

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

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

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Please complete the “Military Connected Student Form”  
only if it pertains to you.



# Alamo Heights Independent School District

7101 Broadway ♦ San Antonio, Texas 78209 ♦ Ph: (210) 824-2483 ♦ Fax: (210) 832-5952

## Military Connected Student Form

The Texas Legislature adopted the Interstate Compact on Educational Opportunities for Military Students. The Interstate Compact is an agreement among member states to abide by a common set of requirements related to the education of military children. The purpose of the compact is to remove barriers to educational success imposed on children of military families because of frequent moves and deployment of their parents.

Student Name: \_\_\_\_\_  
Last Name First Name Middle Name

Student Campus: \_\_\_\_\_ Grade: \_\_\_\_\_ Student DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_  
Last Name First Name

Parent Signature: \_\_\_\_\_

Please indicate with an **X** if your child is a dependent of a member of:

### FOR KINDERGARTEN – 12<sup>TH</sup> GRADE STUDENTS:

\_\_\_\_\_ My Kindergarten – 12<sup>th</sup> grade student is a dependent of **Active Duty**:  
Army, Navy, Air Force, Marine Corps, of Coast Guard (including Missing in Action – MIA)

\_\_\_\_\_ My Kindergarten – 12<sup>th</sup> grade student is a dependent of a member of the **Texas National Guard**:  
Army, Air Guard, or State Guard

\_\_\_\_\_ My Kindergarten – 12<sup>th</sup> grade student is a dependent of a member on **Reserve Duty**:  
Army, Navy, Air Force, Marine Corps, of Coast Guard

### FOR PRE-KINDERGARTEN STUDENTS:

\_\_\_\_\_ My **Pre-Kindergarten** student is a dependent of Active Duty Member of the Army, Navy, Air Force, Marine Corps, of Coast Guard,

\_\_\_\_\_ My **Pre-Kindergarten** student is a dependent of an active / mobilized member of the Texas National Guard (Army, Air Guard, or State Guard)

\_\_\_\_\_ My **Pre-Kindergarten** student is a dependent of an active / mobilized member of the reserve components of the Army, Navy, Air Force, Marine Corps, of Coast Guard, or

\_\_\_\_\_ My **Pre-Kindergarten** student is a dependent of a member of the armed forces of the United States, including the Texas National Guard or reserve component of the armed forces, who was killed or injured while serving on active duty.