

2021-2022
EAST BRUNSWICK PUBLIC SCHOOLS
GENERAL EDUCATION INCLUSIVE PRESCHOOL PROGRAM

| | | | |
|--|--|--------------|----------|
| _____ | | _____ | |
| Student First Name | Student Last Name | | |
| _____ | | _____ | |
| Parents First Name | Parents Last Name | Phone Number | |
| _____ | | _____ | |
| Student Street Address | | Town | Zip Code |
| Parent's email address: _____ | | | |
| Date of Birth: <u> M/ </u> <u> D/ </u> <u> Y/ </u> Age: _____ | | | |
| (Student must be 3 years old by October 31st and not age eligible for Kindergarten) | | | |
| Gender: _____ | Eligible for Free and Reduced Lunch? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> | | |
| Student resides with (Relationship): _____ If Divorced or separated, who has legal custody? _____ | | | |
| If divorced or separated, who has residential custody? _____ | | | |
| Do you have other children attending East Brunswick Public Schools? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Indicate School(s): _____ | | | |
| (Preferred Session and School Not Guaranteed) | | | |
| Session Preferred: AM 9:10-11:45 <input type="checkbox"/> PM 12:50-3:25 <input type="checkbox"/> | | | |
| School Preference 1) _____ 2) _____ | | | |

I certify that the foregoing statements made by me are true. I am aware that if any of them are willfully false, I will be subject to legal action. As per State Law and Board Policy, if it is discovered that my child (children) is (are) illegally attending the East Brunswick Schools and not living in East Brunswick, I will be responsible for the payment of all accrued tuition fees. In addition, I acknowledge that I will be responsible for any legal expenses incurred by the East Brunswick Board of Education in relation to the situation.

Print Name _____ **Signature** _____ **Date** _____

General Education Inclusive Preschool Program Eligibility Application

Child's Full Name: *(please print)*: _____ Date of Birth: _____

1. Will your child be at least three years old by October 31, 2021? Yes No
2. Are you receiving assistance through Food Stamps or TANF? Yes No
3. Is your child, a foster child? Yes No
4. Is your family eligible for free and reduced lunch based on income below? Yes No
5. Circle on the chart your family size and the closest amount to your annual, monthly, or weekly income level.

| Family Size | Annual | Monthly | Weekly |
|--|----------|---------|---------|
| <i>One</i> | \$23,606 | \$1,968 | \$454 |
| <i>Two</i> | \$31,894 | \$2,658 | \$614 |
| <i>Three</i> | \$40,182 | \$3,349 | \$773 |
| <i>Four</i> | \$48,470 | \$4,040 | \$933 |
| <i>Five</i> | \$56,758 | \$4,730 | \$1,092 |
| <i>Six</i> | \$65,046 | \$5,421 | \$1,251 |
| <i>Seven</i> | \$73,334 | \$6,112 | \$1,411 |
| <i>Eight</i> | \$81,622 | \$6,802 | \$1,570 |
| <i>For Each Additional Family Member Add</i> | \$8,288 | \$691 | \$160 |

6. Is your family income less than the lowest amount listed above? Yes No

If Yes, please give amount: \$ _____ Annual Monthly Weekly

7. Are you and your child (children) residents of East Brunswick? Yes No

Signature: _____

Parent/Guardian Name: _____ Home Phone Number: _____ Home

Address: _____

Please Note: Families that meet the guidelines for free and reduced lunch will be asked to submit verification of income (last paycheck for everyone in the household) if selected.

Mail completed Eligibility Application to:

Assistant Superintendent of Student Activities/ServicesEast

Brunswick Public Schools

760 Route 18

East Brunswick, NJ 08816