



HINDS COUNTY SCHOOL DISTRICT PRE-KINDERGARTEN APPLICATION



STUDENT INFORMATION:

Child's Name: _____ **Birth Date:** _____ **Age:** _____
Social Security Number: _____ **Weight:** _____ lbs. **Boy** ___ **Girl** ___
Parent's Name: _____ **Telephone:** _____
(Home) (Work)
Home Address: _____
(City) (State) (Zip Code)
Mailing Address: _____
(City) (State) (Zip Code)

Please have the following items available at the time of screening:

Birth Certificate Long Form **Immunization Compliance Form 121**
 Social Security Card **Two Proofs of Residency**
(Refer to list on back of this form)

SCREENING INFORMATION:

<i>Initial Screening Assessment: (To be completed at the time of screening)</i> Cognitive and Communications Skills Cut Score: _____ Cut Score Points: 0 – 10 = 40 points 13 – 24 = 30 points 25 – 36 = 20 points 37 – 47 = 10 points 48 points = 0 points	TOTAL POINTS: _____ (Maximum of 40 points)
Student Lives With: <input type="checkbox"/> One Parent/Legal Guardian* (5 points) <input type="checkbox"/> Both Parents/Legal Guardians* (3 points)	TOTAL POINTS: _____ (Maximum of 5 points)
Parent's/Legal Guardian's* Education: <input type="checkbox"/> Did Not Complete High School (10 Points) <input type="checkbox"/> GED (8 points) <input type="checkbox"/> High School Diploma (5 points) <input type="checkbox"/> College Degree & above (2 points)	TOTAL POINTS: _____ (Maximum of 10 points)
Age of Parent/Legal Guardians*: <input type="checkbox"/> Under 18 (10 points) <input type="checkbox"/> 18 – 20 years (8 Points) <input type="checkbox"/> 21 years & above (2 points)	TOTAL POINTS: _____ (Maximum of 10 points)
Public Assistance: <input type="checkbox"/> YES (10 points) <input type="checkbox"/> NO	TOTAL POINTS: _____ (Maximum of 10 points)
Other: <input type="checkbox"/> Migrant Student (5 points) <input type="checkbox"/> English Language Learner (5 points) <input type="checkbox"/> Homeless Student (5 points) <input type="checkbox"/> Previously enrolled in Head Start (5 points) <input type="checkbox"/> Special Needs Student (5 points)	TOTAL POINTS: _____ (Maximum of 25 points)
TOTAL	Total Score: _____

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ACCEPTABLE PROOFS OF RESIDENCY

Upon enrollment, any parent seeking to enroll a student must verify full-time residency by submitting two proofs of residency:

- A Filed Homestead Exemption for the current year, or
- Mortgage payment documentation, or
- A Property deed of trust for the family's residence, or
- An apartment/home lease, **AND**
- A current utility bill

If the parent is unable to provide the items listed above, the parent must provide **TWO** pieces of business or government correspondence (dated within the last 30 days). HCSD does not accept affidavits, drivers' licenses/Mississippi state identification cards, or voter registration cards as proof of residency.

**** LEGAL GUARDIAN***

The legal guardian shall provide the school a copy of valid court documentation regarding guardianship and restricted rights of certain individuals.