

Delaware Valley School District

OFFICE OF ELEMENTARY EDUCATION
ADMINISTRATIVE OFFICES
236 ROUTE 6 & 209
MILFORD, P.A. 18337

Margaret M. Schaffer, Ph.D.
Director of Elementary Education
Title I & Pre K Counts Coordinator

(570) 296-1827
fax (570) 296-3172

Dear Parent/Guardian,

January 2019

To attend the Pre-Kindergarten classes in the Delaware Valley School District, children must be four years old on or before September 1, 2019. There are NO exceptions.

Please fill out the attached Pre K Counts application and submit it with the following proof of income: 2018 IRS 1040 income tax return (only the pages showing the number of dependents and gross taxable income) or 2018 W2s. The federal income guidelines to be eligible for this program are listed on the back of this letter. **The application must be filled out completely and returned with the supporting documentation by April 12, 2019.**

Qualifying students will be screened for preschool in the following areas: gross motor skills, fine motor skills, concept development and language development. Screenings are tentatively set for the beginning of May.

PLEASE BE ADVISED, THE FOLLOWING WILL NEED TO BE SUBMITTED AT THE SCREENING IF YOU ARE ELIGIBLE FOR THE PRE K PROGRAMS:

An **ORIGINAL** birth certificate from the state in which your child was born with the official seal affixed to the birth certificate (Photocopies will **NOT** be accepted), their **ORIGINAL** social security card and your child's immunization record.

***The following properly spaced immunizations are required for entrance into the Pre-Kindergarten Program:** Hepatitis B - 3 doses, Diphtheria, Tetanus, Pertussis – 4 doses, Inactivated Poliovirus – 3 doses, Measles, Mumps, Rubella (MMR) – 1 dose after first birthday, and Varicella – 1 dose after first birthday.

TWO forms of proof of residency within the service boundary of the Delaware Valley School District are required. The first proof must indicate the location of the domicile (Example: A Tax bill, mortgage paper, rent receipt or landlord affidavit). The second proof must be a photo ID of the parent(s) for example: Pennsylvania driver's license or other photo ID indicating the address corresponding to the address on the first proof of residency.). If the child resides with a grandparent or relative, Guardianship papers are required.

Please secure the proper documentation prior to the screening. We **CAN NOT** hold a spot in the Pre-Kindergarten program for your child if you do not submit the proper documentation at the screening.

Thank you for your interest in the Delaware Valley School District Preschool. If you have any questions, you may contact my office at (570) 296-1827.

Sincerely,

Dr. Margaret M. Schaffer

Margaret M. Schaffer, Ph.D.
Director of Elementary Education
Title I & Pre-K Counts Coordinator

MMS: lam

Annual 2019 Federal Poverty Guidelines

Household/ Family Size	100%	300% -Maximum Income for Pre-K Counts Eligibility
1	12,490	37,470
2	16,910	50,730
3	21,330	63,990
4	25,750	77,250
5	30,170	90,510
6	34,590	103,770
7	39,010	117,030
8	43,430	130,290

2019-2020 Delaware Valley School District

PA Pre-K Counts Application

(This information is confidential to the PA Pre-K Counts program)

Last Name (Child)	First Name (Child)	Middle Initial
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Street Address	County	
City	State PA	Development Zip Code
School District of Residence: Delaware Valley School District		
Campus that serves your residence (please circle one):		
Dingman Delaware Primary	Shohola Elementary	Delaware Valley Elementary
Home Phone	Work Phone	Email Address

Child's Date of Birth ____/____/____	Child's Social Security Number ____/____/____	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Ethnicity (optional) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Not Applicable	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ (please specify)
Race (optional) <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific <input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> White <input type="checkbox"/> Other

Last Name (Parent or Legal Guardian):	First Name (Parent or Legal Guardian):	Gender:
Date of Birth ____/____/____		<input type="checkbox"/> Male <input type="checkbox"/> Female

Relationship to Child <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____	(Select) <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____
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Role to child:

- Primary Guardian Legal Guardian
 Secondary Guardian Other _____

What is the highest education level of Parent or Legal Guardian? (check only one).

- Up to 8th Grade 9th to 11th Grade High School Diploma
 GED Vocational or Technical Program after high school
 Some College Associate's Degree Bachelor's Degree
 Graduate/Professional School Unknown

What is the highest education level of the birth mother (if not already listed)

- Up to 8th Grade 9th to 11th Grade High School Diploma
 GED Vocational or Technical Program after high school
 Some College Associate's Degree Bachelor's Degree
 Graduate/Professional School Unknown

What is the employee status of the Parent/Guardian? (Select all that apply)

- Full Time (30 hours/week and over) Student Full Time
 Part Time (Fewer than 30 hours a week) Student Part Time
 More than one Part-Time Job No Employment
 Seasonal

Other Child Eligibility Risk Factor Criterion (Must check all that apply):

<input type="checkbox"/>	Behavioral Supports: A child who was referred to PA Pre-K Counts from an appropriately credentialed health or mental health practitioner who is not employed by the PA Pre-K Counts program; a child who is receiving mental health treatment. Additional verification beyond the interview is required.
<input type="checkbox"/>	Child Protective Services: A child who is a foster child, a kinship care child or receiving Children and Youth services.
<input type="checkbox"/>	Education Level of Guardian: Does not have high school diploma or GED or post-secondary degree.
<input type="checkbox"/>	English Language Learner: A child whose first language is not English and who is in the process of learning English is considered an English Language Learner.
<input type="checkbox"/>	Individualized Education Plan (IEP): A child who is currently enrolled in the Preschool Early Intervention program with an active IEP. Verification would be a copy of the IEP or other source of documentation from the parent or Early Intervention provider.
<input type="checkbox"/>	Incarcerated Parent: A child for whom one of the child's parents is currently in prison.
<input type="checkbox"/>	Homeless: A child who lacks a fixed, regular, and adequate nighttime residence due to one of the following: A. Children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to lack of alternate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; B. Children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; C. Children who are living in cars, parks, public places, abandoned buildings, substandard housing, bus or train stations, or similar settings.
<input type="checkbox"/>	Migrant (Non-Immigrant)/Seasonal Student: A migrant child has moved from one school district to another in order to accompany or to join a migrant parent or guardian, who is a migratory worker or migratory fisher, within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work including agri-related businesses such as meat or vegetable processing, working in nurseries such as Christmas and evergreen trees farming.
<input type="checkbox"/>	Teen Mother: A child whose mother was under the age of 18 when the child was born.

To the best of my knowledge, the information provided is accurate. I understand that I may be asked to verify or substantiate information provided.

Parent/Guardian (Signature)

Date

Parent/Guardian Name (Print Name)

FOR PRE K COUNTS COORDINATOR USE

Household (Family) Size								
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> _____

Actual Annual Verified Gross Household (Family) Income: \$ _____

(Attach copies of documents used to verify income prior to enrollment)

- Family income is at or below 300% of federal poverty level (required risk factor). Consider all sources of income. See **Federal Poverty Level Guidelines** relative to family size (must be verified prior to enrollment).

Staff Verifying Income and Risk Factors (Signature)

Date

Staff Verifying Income and Risk Factors (Print Name)

**Delaware Valley School District
Student Information Form for Preschool**

Student's Name: _____

PLEASE ANSWER THE FOLLOWING:

Has the student ever been enrolled in DVSD before? _____ If yes, what school? _____
Total number of children _____ List names and ages of the other children _____

Does your child have the opportunity to play with children his/her own age? _____

How does your child relate (shy, outgoing, etc.) to the following: Friends: _____
Siblings: _____ Adults: _____ Baby Sitter: _____

Is your child able to dress himself/herself? _____ Comments _____

What responsibilities does your child have at home? _____

Which hand is used for Eating? _____ Holding Pencil? _____ Playing? _____

At home does your child use: Crayons _____ Scissors _____ Paste _____ Clay _____ Blocks _____

What time does your child go to bed at night? _____ Does he/she still take naps? _____

Is there any home/neighborhood problem or situation which might affect your child at school?

Do you read to your child? _____ How Often? _____
Does your child listen to and carry out directions? _____
Is your child currently taking any medications? _____ If yes, what kind? _____

If your child has strong fears, such as thunder or dark places, please list? _____

Does your child attend CDD? (Center for Developmental Disabilities) Yes _____ No _____
If yes, please explain why. _____

Is there any additional information you can give about your child which could help us make this preschool year a successful one?

