

SELECT CATEGORIES FOR CONSIDERATION



HOME LANGUAGE INFORMATION

What language does your child most frequently use to communicate?

What language do you most frequently speak to your child?

What language did your child first learn to speak?

****If applicable, please attach documentation that supports ALL of the options selected****

*OTHER FACTORS TO CONSIDER

Limited English Proficiency
(NO DOCUMENTATION NEEDED)

Chronic Health Condition

Developmental or Educational Need

Active Individualized Program (IEP)

Parent or legal guardian of the child is an active-duty member of the military, or was seriously injured, or killed in active duty.

Does your child require additional accommodations or services? Yes No If "YES", please list:

! This section must be completed to process your application

ADDITIONAL FACTORS TO CONSIDER - Check all that apply:

★ Does your family receive any of the following assistance?:

- In Foster Care
- Receiving Refugee Services
- SNAP/Food Stamps
- Medicaid
- WIC
- Public Housing

Please submit documentation

★ Where is the child sleeping at night? You may only choose ONE option:

- The student lives with a parent or legal custodian in a residence owned or leased by the parent or legal custodian
- In a motel or hotel
- In a shelter
- In a church
- Experiencing Homelessness
- Moving from place to place
- Living with family members due to economic hardship