

Columbia-Brazoria ISD PreK Registration Packet

All CBISD PreK classes are held at
Wild Peach Elementary 3311
County Road 353
Brazoria, TX 77422
(979) 799-1750

Current Principal: Mary McCarthy email: mary.mccarthy@cbisd.com
Incoming Principal: Anne Cohea email: anne.cohea@cbisd.com
Registrar: Shelbi Wasley email: shelbi.wasley@cbisd.com

PreK Registration Documentation Checklist

The following documents are required for registration

1. Child's birth certificate
2. Child's social security card
3. Child's current shot record
4. Parent/guardian proof of residency
5. Parent/guardian driver license
6. **Income verification for all family members.**
7. SNAP/TANF/Medicaid if applicable

➤ Wild Peach Elementary will contact you in August to complete the registration process and to set up online Skyward Family Access.

CBISD PreK is partnered with Brazoria County Head Start. You must go to the Brazoria Head Start, 120 W. Pleasant St Brazoria and complete their registration process as well. Please call 979-798-2391 for more information.

CBISD Pre-Kindergarten Application

This form does not guarantee admission into the CBISD Pre-Kindergarten Program

STUDENT INFORMATION	
Name: _____ Social Security # _____ Date of Birth: ___/___/___ ___ Male ___ Female City/State/Country of Birth _____ Language Child Speaks _____	Texas Education Code 29.153 lists qualifications of children for prekindergarten programs. A student is eligible for the CBISD Pre-Kindergarten program by meeting one of the criteria outlined below. Please select the criteria for which you would like to qualify your child. <input type="checkbox"/> Limited English Proficient The child is unable to speak AND comprehend the English language. <u>Must complete Home Language Survey AND child must qualify on the Oral Language Proficiency Test</u> <input type="checkbox"/> Educationally Disadvantaged (Family Income) The child is eligible to participate in the National School Lunch program based on family income. <u>Must complete household survey AND provide proof of ALL income – Pay stubs, Pay envelope, letter from employer, unemployment statement, pension or disability payments, etc..(refer to NSLP income chart)</u> Total Household Size _____ Total Monthly Household Income _____ <i>Must include all gross earnings before deductions; and all other sources of income including tips, unemployment compensation, self-employment income, payment from welfare, child support, alimony, pensions, retirement, social security, disability benefits, interest/dividend income, etc.,</i> <input type="checkbox"/> Educationally Disadvantaged (Family Assistance) The child is eligible to participate in the National School Lunch Program based on family's receipt of assistance for the following: - Supplemental Nutrition Assistance Program (SNAP) - Temporary Assistance to Needy Families (TANF) <u>Must provide copy of active certification/benefit letter.</u> <input type="checkbox"/> Educationally Disadvantaged (ARD) Child meets eligibility requirements based on disability and age =4. <input type="checkbox"/> Homeless Child is homeless as defined by [42 USC 11302a & 11304a], McKinney-Vento Act. <u>Must have approved Student Residency Questionnaire.</u> <input type="checkbox"/> Military Dependent The child is the dependent of a US armed forces active duty member (or member injured, killed or MIA while on active duty). <u>Must provide official military documentation.</u> <input type="checkbox"/> Foster Care The child is or has ever been in the conservatorship (foster care) of the TX Department of Family Services following an adversary hearing. <u>Must provide verification letter or other DFPS official documentation.</u> <input type="checkbox"/> Star of Texas Award The child is the dependent of a nominee or recipient of the Star of Texas Award. <u>Must provide verification letter or other official documentation.</u>
PARENT/GUARDIAN INFORMATION	
Name: _____ Date of Birth: ___/___/___ ___ Male ___ Female Street Address: _____ Apt#: _____ City: _____ Zip: _____ Home Phone: _____ Cell Phone: _____ <i>I understand that information submitted on this application will be verified by school officials. If investigation determines that my child does not meet the eligibility guidelines, he/she will be unable to participate in the CBISD Prekindergarten Program. I certify that the information entered on this application is true and correct and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.</i> Parent/Guardian Signature: _____ Date of Application _____	
Additional forms to be completed: Home Language Survey, Residency Questionnaire, Child Nutrition Application	

Income Verification Chart

PLEASE NOTE: This process does NOT qualify the student to receive free or reduced lunches. It is simply a process to verify the family’s income and have proper documentation on file, as required by TEA. Families **must** apply with the Child Nutrition Department in order to receive free or reduced lunches.

INCOME ELIGIBILITY GUIDELINES

[Effective from July 1, 2024 to June 30, 2025]

Cuadro de verificación de ingresos

TENGA EN CUENTA: Este proceso NO califica al estudiante para recibir almuerzos gratis o reducidos. Es simplemente un proceso para verificar los ingresos de la familia y tener la documentación adecuada en el archivo, como lo requiere la TEA. Las familias deben presentar una solicitud con el Departamento de Nutrición Infantil para recibir almuerzos.

PAUTAS DE ELEGIBILIDAD DE INGRESOS

[Efectivo desde el 1 de julio de 2024 hasta el 30 de junio de 2025]

Household Size - Total # Living in Home Tamaño del hogar: número total de personas que viven en el hogar	Total Income (wages, salary, welfare, child support, alimony, pension, Social Security, worker’s compensation, unemployment, all other sources of income before any deductions) <i>Ingresos totales (sueldos, salario, asistencia social, manutención infantil, pensión alimenticia, pensión, seguro social, compensación laboral, desempleo, todas las demás fuentes de ingresos antes de las deducciones)</i>									
	May be Eligible for Reduced Price Meals <i>Puede ser elegible para comidas a precio reducido</i>					May be Eligible for Free Meals <i>Puede ser elegible para comidas gratis</i>				
	Annual <i>Annual</i>	Monthly <i>Mensual</i>	2X/Month <i>2 veces/mes</i>	2-Weeks <i>2 semanas</i>	Weekly <i>Semanalmente</i>	Annual <i>Annual</i>	Monthly <i>Mensual</i>	2X/Month <i>2 veces/mes</i>	2-Weeks <i>2 semanas</i>	Weekly <i>Semanalmente</i>
1	27,861	2,322	1,161	1,072	536	19,578	1,632	816	753	377
2	37,814	3,152	1,576	1,455	728	26,572	2,215	1,108	1,022	511
3	47,767	3,981	1,991	1,838	919	33,566	2,798	1,399	1,291	646
4	57,720	4,810	2,405	2,220	1,110	40,560	3,380	1,690	1,560	780
5	67,673	4,640	2,820	2,603	1,302	47,554	3,963	1,982	1,829	915
6	77,626	6,469	3,235	2,986	1,493	54,548	4,546	2,773	2,098	1,049
7	87,579	7,299	3,650	3,369	1,685	61,542	5,129	2,565	2,367	1,184
8	97,532	8,128	4,064	3,752	1,876	68,536	5,712	2,856	2,636	1,318
+each member	9,953	830	415	383	192	6,994	583	292	269	135

COLUMBIA-BRAZORIA ISD STUDENT REGISTRATION FORM

Student Information		Campus: Wild Peach El.	Grade:
Last Name:		SSN:	
First Name:		DOB:	
Middle Name:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Ethnicity – select only ONE:	<input type="checkbox"/> Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)		<input type="checkbox"/> NOT Hispanic/Latino
Race – Select ALL that apply for the student:	<input type="checkbox"/> American Indian or Alaska Native A person certified as a descendant of the original peoples of North America, or born in Central or South America.		
	<input type="checkbox"/> Asian A descendant of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (Korea, Philippines, Vietnam, etc.)		
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander A descendant of any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
	<input type="checkbox"/> Black		
	<input type="checkbox"/> White		

Information about the person enrolling the student <i>(required by the state- TEC #25002(F))</i>		
Name:	Relationship to student:	Your date of birth: / /
Physical Address:		
STREET	CITY	ZIP

Note: Non-custodial parent information, if applicable, belongs on the Family #2 form.

At student's MAIN residence:	First Parent / Guardian	Second Parent / Guardian
Last Name		
First Name		
Middle Name		
Relationship to Student		
Physical Address		
City & ZIP		
Cell Phone		
Home Phone		
Email Address		

School Age Siblings Living at the Student's Physical Address				
Name	Date of Birth	Enrolled at CBISD?	Campus	Grade

Signature	Date
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COLUMBIA-BRAZORIA ISD FAMILY #2 FORM

This form is intended for use by parents or guardians of CBISD students in circumstances where the student does NOT live with them, but for whom the parent or guardian has full access to the student’s educational information. Any court documents restricting access to the student will supersede this form.

Note: It is **CRITICAL** that you provide the same information for all of your children in CBISD. If you enter a name as James on one form and as Jimmy on another, the system will read that as 2 separate people. Family/guardian contacts provided in this section should NOT be listed as Emergency Contacts – they will be called automatically. ALL fields are required to be completed with accurate information, ie: relationship to student should indicate if step-child or not.

FORMULARIO FAMILIA # 2 DE COLUMBIA-BRAZORIA ISD

Este formulario se destina para uso de los padres o tutores de los estudiantes CBISD en circunstancias en que el estudiante no viven con ellos, pero para las que el padre o tutor tiene pleno acceso a la información educativa delestudiante. Ningún documento judicial restringir el acceso a los estudiantes se reemplaza al de este formulario.

Anotación: Es CRITICO que porporcione la misma información para todos sus hijos en nuestro distrito, CBISD. Si especifica un nombre como James en una forma y como Jimmy en otra, nuestro sistema lo leerá como 2 personasseparadas. Nombres anotados de familiares o tutores no deben aparecer como contactos de emergencia. CBISD primero llamará a lo anotado para familia # 1, a continuación familia # 2 y seguirá con sus contactos de emergencia.

SY <small>OFFICE USE ONLY</small>	for the Female Parent / Guardian Para el Progenitor/Guardian femenino	for the Male Parent / Guardian Para el Progenitor/Guardian masculino
Last Name/ Apellido		
First Name/ Nombre		
Middle Name/Segundo nombre		
Mailing Address/ Dirección Postal		
City & ZIP/ Ciudad y Código Postal		
Physical Address/ Dirección Fisica		
City & ZIP/ Ciudad y Código Postal		
Home Phone/ Teléfono de casa		
Cell Phone/Teléfono móvil		
Email Address/Dirección de correo electronic		
Work Phone/ Teléfono de trabajo		

Student Information / Información del estudiante		
Full Legal Name Nombre legal completo	Female Guardian Relationship/ Relación de Guardian Femenino	Male Guardian Relationship/ Relación de Guardian Masculino

COLUMBIA-BRAZORIA ISD Student Residency, Foster Care & Military Connected Questionnaire

This questionnaire is intended to address the McKinney-Vento Homeless Education Act 42 U.S.C.1143a(2); legislation requiring schools to collect data as to the foster care status of all students; and military dependents (TEC ch. 162). The answers to this residency information help determine the services the student may be eligible to receive. Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.002(3)(d). Local school districts must gather the following information, which will remain confidential. One form per student enrolled is required.

Student Name: _____ Gender: M F Birth Date: _____

LAST FIRST MIDDLE

Campus: _____ Student ID: _____ Grade: _____ Age: _____

Section A -- Student Living Situation (check all that may apply)

- Student lives with parent or legal guardian in a home (house or apartment), and does not share home with any others (extended family, friends, etc.)
- Live in a home of a relative or friend because I lost my housing ("doubled up" due to economic hardship, fire, flood, divorce, domestic violence, parent in the military and was deployed, parent in jail, etc.)
- Live in a tent, car, van, abandoned building (living on the streets, campground, park, or unsheltered location), includes living without electricity, heat, and/or running water in a home/apartment/trailer.
- Live in a hotel/motel (due to economic hardship, eviction, flood, fire, hurricane, etc.)
- Live in a shelter because I do not have permanent housing (family shelter, domestic violence shelter, children/youth shelter, FEMA housing), includes living in transitional housing (moving place to place, temporary living arrangement).
- Unaccompanied Youth (student is not living in the home of a parent or legal guardian).
- Child or youth placed by DFPS with temporary guardian (DFPS provided a Parental Child Safety Plan or Authorization for Non-parent or Voluntary Caregiver).

Section B - Foster Care Status (Check all that may apply) * If not in Foster Care, leave this portion blank

- Student is currently in the conservatorship (custody) of the Department of Family and Protective Services (a court order names DFPS as the Temporary Managing Conservator or Permanent Managing Conservator)
- Student is currently in Foster Care and residing in a Foster or Group Home (Foster Parent/Group Home Staff have DFPS Placement Authorization Form 2085)

For Pre-Kindergarten Students ONLY:

- Student has previously been in the conservatorship (custody) of the Department of Family and Protective Services

Section C - Military Connected Family Information

Please check one box below to indicate if your K - 12th grade child is a dependent of an **Active Duty** member of:

- Army, Navy, Air Force, Marine Corps, or Coast Guard [including Missing in Action]
- Texas National Guard
- Reserve Duty of Army, Navy, Air Force, Marine Corps, or Coast Guard
- If the K-12 student is a dependent of a **former member** of the US military, Texas National Guard, or US military reserves please check this box.
- If the K-12 student was a dependent of a member of a military or reserve force in the United States military who was killed in the line of duty, please check this box.

For Pre-Kindergarten students ONLY:

- Armed forces or reserved forces of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Texas National Guard who is on active duty or has been injured or killed while on active duty.

Section D - Parent/Legal Guardian/Caregiver/Unaccompanied Youth

Name: _____ Relationship to Student: _____

LAST FIRST MIDDLE

Telephone: _____ Address: _____ Zip: _____

Student's length of time at present address: ___years ___months ___days Number of children enrolled in CBISD: _____

Signature of parent / legal guardian / caregiver / unaccompanied youth

Date

Please send / return to Parent Liaison, then place copy in student folder.

I certify the above-named student ___meets / does not meet ___requirements of the McKinney-Vento Act.

I certify the above-named student ___meets / does not meet ___requirements of the Fostering Connections to Success and Increasing Adoptions Act of 2008.

Parent Liaison Signature _____ Date _____ School Year _____

PreK Parent Survey

Student first and last name: _____

Parent first and last name: _____

Parent cell phone number: _____

Please complete the following survey about your child

1. Is your child toilet trained? ___ Yes ___ No
2. Can your child jump in place with two feet together like a rabbit? ___ Yes ___ No
3. Can your child throw a ball, without direction? ___ Yes ___ No
4. Can your child copy a circle or straight line with a crayon or a pencil? ___ Yes ___ No
5. Can your child match shapes: circle, square, triangle? ___ Yes ___ No
6. Can your child tell you if there are one or two objects before him/her? ___ Yes ___ No
7. Can your child follow simple directions such as “put the _____ in the box” or “take the _____ out of the box”? ___ Yes ___ No
8. When presented with two similar objects of different sizes, can your child give you the big object or give you the little object? Example: give me the big ball. Give me the little block. ___ Yes ___ No
9. Can your child give you a specific quantity of an object? Example: Give me one goldfish. Give me two goldfish. ___ Yes ___ No
10. Does your child use a group of at least 3 words to tell about or ask or something? Example: Me hungry now. Mommy go bye-bye. ___ Yes ___ No

Please add anything specific you would like to say about your child.

Thank you!



Texas Education Agency

1701 North Congress Avenue • Austin, Texas 78701 1494 • 512 463 9734 • 512 436 9838 FAX • tea.texas.gov

English Version

Commissioner Mike Morath

Student Name: _____

District Name: Columbia-Brazoria ISD

Student ID#: _____

Campus Name: Wild Peach Elementary

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12). * Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One: The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two: Please answer the questions to the best of your ability.

1. Which languages are used at home? _____
2. Which languages are used by the child at home? _____
3. If the child had a previous home setting, which languages were used? If there was no previous home setting, answer Not Applicable (N/A). _____

By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- 1) my child has not yet been assessed for English proficiency; and
- 2) corrections are made within two calendar weeks of my child's enrollment date.

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- Parent/ Guardian Rights
- Bilingual Education Program
- Program Information Videos

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____