# Bettendorf Community School District

# 2017-2018 Preschool Eligibility Application

**All information requested on this form must be completed for the Preschool Eligibility Application to be processed.**

**Please print clearly.** **Date Completed: _____**

_____

**Name of parent, guardian, or legal/actual custodian**

**Street Address**

**City, State, Zip**

**Total Household Gross Income: Report the gross income received by EACH household member in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received.**

List the names of everyone living in your household, including children. Attach a separate page if more space is needed.

| | | | | **Gross Income: Report income by how often the household member is paid.** | | | | **Report all Other Monthly Income** |
|---|---|---|---|---|---|---|---|---|
| Last Name | First Name | Birthdate | √ if no Income | Weekly | Every 2 Weeks | Twice a Month | Monthly | |
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I certify (promise) that all information on this application is true and that all income is reported. I understand that school personnel may verify (check) the information. I understand that if I purposely give false information, my child may lose his/her seat in the 4 year old preschool.

_____ _____ _____

Signature of Adult Completing Form | Printed Name of Adult Completing Form | Date Signed

_____ _____ _____

Home Phone | Cell Phone | e-mail