

# Bettendorf Community School District

## 2018-2019 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.

Last Name	First Name	Birthdate	Income √ if no	Gross Income: Report income by how often the household member is paid.			Report all Other Monthly Income
				Weekly	Every 2 Weeks	Twice a Month	

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