



# Executive Office on Early Learning (EOEL) Public Prekindergarten Program Application for School Year 2023 – 2024

## AGE ELIGIBILITY & PRIORITY CATEGORIES

**Your child must be three or four years old on or before July 31 of the current school year.**

For school year 2023 - 2024, your child's birthday must fall **on or between August 1, 2018 - July 31, 2020.**

**In addition to the age requirement, priority is given to children whose situations include one or more of the following listed below. Please identify the priority categories that you believe apply to you and your child's situation. Please note that additional documentation may be required. EOEL will consider this information and supporting documentation as this application is reviewed.**

**Check all that apply:**

- Children who are experiencing **homelessness** or **unstable housing**
- Families with annual/monthly **Gross Family Income** at or below 300% of the Federal Poverty Guidelines **OR** who receive Temporary Assistance for Needy Families (**TANF**) and/or Supplemental Nutrition Assistance Program (**SNAP**).
- Children in **foster care**.
- Children who are **dual or multi-language learners**.
- Children who have been identified as requiring specialized instruction due to special need/disability (**IDEA-Individuals with Disabilities Act**, Special Education Services) and whose **Least Restrictive Environment (LRE) is determined as general education**.
- Children who are experiencing **at-risk situations** which may impact their development and learning.

**Please feel free to include other information that you would want considered as this application is being reviewed.**

## REQUIRED DOCUMENTS

Documents that you must provide in order to process your application. **#1 – 4 are required for ALL applications.**

1. Completed EOEL application with signature(s) of **parent(s)/legal guardian(s)**.
2. Child/applicant's **birth certificate or passport**.
3. **Homelessness or unstable housing**: complete "Questionnaire to Determine Eligibility MV1" form.
4. **Income documentation for each parent/legal guardian listed\***: 2022 Signed Federal Income Tax Return Form 1040 (two pages) **OR** DHS Verification documentation.  
\*Foster parents are not required to provide income documentation.
5. **IDEA services (special education) with Least Restrictive Environment (LRE) determined as general education for specialized instruction**. Please inform school office so they can provide EOEL with appropriate documents.
6. **Foster care**: documentation from Department of Human Services.
7. **Adoption or legal guardianship**: legal documents and possibly additional documents.
8. **Other at-risk situations**: additional documents are required. Please contact your school office.

## Child Information

Information about the CHILD.

Name of SCHOOL applying to

Child's legal name

Birth date

Gender

What is your child's **first acquired language**? \_\_\_\_\_

What is the **language most often spoken** at home? \_\_\_\_\_

What language is **most often used** by your child? \_\_\_\_\_

Residence address (number and street)

City/town, state, and ZIP code

Mailing address (if different from residence address)

City/town, state, and ZIP code

## First Parent/Legal Guardian Information

Information about the first parent/legal guardian responsible for the child.

First parent/legal guardian's legal name		Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
Residence address (number and street)		City/town, state, and ZIP code
Mailing address (if different from residence address)		City/town, state, and ZIP code
Home phone number	Cell phone number	Additional phone number
Email address		

## Second Parent/Legal Guardian Information

Information about the secondary parent/legal guardian responsible for the child.

**Not Applicable**  
(if checked leave  
this box blank)

Second parent/legal guardian's legal name		Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
Residence address (number and street)		City/town, state, and ZIP code
Mailing address (if different from residence address)		City/town, state, and ZIP code
Home phone number	Cell phone number	Additional phone number
Email address		

### Early Head Start Services

for Birth to 3 Years of Age and Expectant Mothers

I am interested in Early Head Start services for my infant/toddler and/or myself.

Note: Early Head Start is NOT part of the EOEL Public Pre-K Program. It is operated by federally funded private agencies at affordable rates or at no cost to families. By checking/marking the box above, I am agreeing to share my contact information with Early Head Start.

### Your 'Ohana Programs (Home Visiting)

for Birth to 5 Years of Age and Expectant Mothers

*(www.yourohana.org)*

I am interested in Your 'Ohana Programs for my family, keiki, and/or myself.

Note: Your 'Ohana programs are NOT part of the EOEL Public Pre-K Program. These programs are supported by the Department of Health and are provided at no cost to families. By checking/marking the box above, I am agreeing to share my contact information with the Your 'Ohana programs.

## SIGN HERE (required)

Please read, then **SIGN** and date your application.

I hereby certify that the information provided in this application and in the supporting documents is complete and true to the best of my knowledge. I agree to provide additional information and documentation upon request to complete my application.

First parent/legal guardian's signature	Date
Second parent/legal guardian's signature (If applicable)	Date