



# Executive Office on Early Learning (EOEL) Public Prekindergarten Program Application for School Year 2024 – 2025

## AGE ELIGIBILITY AND PRIORITY CATEGORIES

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

For school year 2024-2025, your child's birthday must fall on or between **August 1, 2019 - July 31, 2021.**

Priority is given to children whose situations include one or more of the following listed below.

Identify the priority categories that you believe apply to you and your child's situation.

Please note that additional documentation is required.

### Check all that apply:

- Children who are placed through their **individualized education programs** in a general education setting;
- Children who are **learning English as a second language**;
- Children who are in **foster care**;
- Children who are experiencing **homelessness or unstable housing**;
- Children whose **family income is no more than 300% of the federal poverty** level OR who receive Temporary Assistance for Needy Families (TANF) and/or Supplemental Nutrition Assistance Program (SNAP);
- 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. 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. **IDEA services (special education) with a general education placement.** *Please inform the school office so they can provide EOEL with appropriate documents.*
5. **Foster care:** Documentation from Department of Human Services.
6. **Income documentation for each parent/legal guardian listed:** 2023 Signed Federal Income Tax Return Form 1040 (2- pages) OR DHS Verification documentation. Foster parents are not required to provide income documentation.
7. **Adoption or legal guardianship:** Legal documents and possibly additional documents.
8. **Other at-risk situations:** Additional documents may be 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/State/ZIP Code

Mailing address (if different)

## FIRST PARENT / LEGAL GUARDIAN

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

First parent/legal guardian's legal name

Relationship to child:

Parent  Guardian  Foster  Other\_\_\_\_\_

Marital Status

Single  Married  Divorced  Separated  Widowed

Employment Status:

Employed  Unemployed

Residence Address

Number and Street,  
City/State/ZIP Code

Mailing Address (if different)

Home Phone Number

Cell Phone Number

Additional Phone Number

Email Address

## SECOND PARENT / LEGAL GUARDIAN

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

Second parent/legal guardian's legal name

Relationship to child:

Parent  Guardian  Foster  Other\_\_\_\_\_

Marital Status

Single  Married  Divorced  Separated  Widowed

Residence Address

Number and Street,  
City/State/ZIP Code

Mailing Address (if different)

Home Phone Number

Cell Phone Number

Additional Phone Number

Email Address

### Early Head Start Services

for birth to age 2 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 the families. By checking the box above I am agreeing to share my contact information with Early Head Start.

### Your 'Ohana Programs (Home Visiting)

for birth to age 5 and expectant mothers

I am interested in Your 'Ohana Program 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 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 document 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 Signature

Date

Second Parent / Legal Guardian Signature

Date