



**ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS
2010-2011 CHILD APPLICATION
Little Rock School District**

CHILD'S NAME:

PRIMARY CAREGIVER (PARENT-GUARDIAN) INFORMATION

Name:		Cell Phone:
Date of Birth:	Home Phone:	Work Phone:
Current address:		
City:	State:	ZIP Code:
Employment Status (FT, PT):	Employer Name:	
# of work hrs per week:	Education Level (high school, college, etc.):	
City:	State:	ZIP Code:
If attending school, where:		# of semester hours:
Number in Family:	Number in Household (parents/children):	Primary Language:
Annual Income From Work Sources or Unemployment:		

SECONDARY CAREGIVER (PARENT-GUARDIAN) INFORMATION

Name:		Cell Phone:
Date of Birth:	Home Phone:	Work Phone:
Current address: <input type="checkbox"/> same as Primary Caregiver		
City:	State:	ZIP Code:
Employment Status (FT, PT):	Employer Name:	
# of work hrs per week:	Education Level (high school, college, etc.):	
City:	State:	ZIP Code:
If attending school, where:		# of semester hours:
Annual Income From Work Sources or Unemployment:		

CHILD INFORMATION

Name:		
Date of Birth:	Social Security Number:	
Gender:	Ethnicity:	Primary Language:
Has this child attended a state-funded pre-K (ABC) program before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where?	
Will this child be concurrently enrolled in an ABC center and HIPPY or PAT program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which HIPPY or PAT?	
List any allergies:		
Does the child have any special dietary needs?		
Receiving any special education services?		

EMERGENCY CONTACT (OTHER THAN CAREGIVER)

Name:		Phone 1:
Address:		Phone 2:
City:	State:	ZIP Code:
Relationship:		

I declare under the penalty of perjury and the rules and regulations of the Arkansas Better Chance program that the information supplied is true and correct. I understand that the information I supplied may be independently verified by the Arkansas Division of Child Care and Early Childhood Education and that any false statements may result in exclusion from DHS programs and criminal prosecution.

Signature of Primary Caregiver:	Date:
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ARKANSAS BETTER CHANCE FOR SCHOOL SUCCESS

2010-2011 Supplemental Student Information
Little Rock School District



CHILD'S NAME:

The Little Rock School District must collect all information on this application plus documentation of eligibility for each child in the program per Arkansas Rules and Regulations governing the ABC/ABCSS program. A child cannot be admitted to a Little Rock School District preschool classroom until all requested information and documentation is provided.

Please check all items that apply. Provide documentation.

ABCSS		ABC	
<input type="checkbox"/>	Family has gross income which does not exceed 200% of Federal Poverty Level.	<input type="checkbox"/>	Child has a demonstrable developmental delay as identified through screening.
<input type="checkbox"/>	Child is a foster child.	<input type="checkbox"/>	Child is eligible for services under IDEA.
<input type="checkbox"/>	Parent is activated for overseas military duty.	<input type="checkbox"/>	Child/Family is income eligible for Title I programs.
<input type="checkbox"/>	Child is in custody or /living with a family member other than father or mother.	<input type="checkbox"/>	Child is has limited English proficiency.
<input type="checkbox"/>	Immediate family member arrested for or convicted of drug-related offense.	<input type="checkbox"/>	At least one parent was younger than 18 years of age at child's birth.
<input type="checkbox"/>	Parent is incarcerated.	<input type="checkbox"/>	Child had low birth weight (below 5 pounds, 9 ounces).
<input type="checkbox"/>	ABC	<input type="checkbox"/>	At least one parent does not have a high school diploma or GED.
<input type="checkbox"/>	Parent has history of abuse or neglect or is a victim of abuse or neglect	<input type="checkbox"/>	There is a family history of substance abuse/addiction.

To enroll an eligible child, the child's parent or guardian shall furnish documentation of eligibility and other required information, including household income and household member information. A list of all acceptable documentation will be published annually by DCCECE. Children of parents or guardians refusing to furnish required information shall be deemed ineligible for participation. Programs are responsible for verifying eligibility before the child attends and shall maintain copies of eligibility documentation in the child's record. – ABC Rules and Regulations, 4.05

Please indicate the documentation of income eligibility provided.

<input type="checkbox"/>	Paystubs dated within the past 30 days	<input type="checkbox"/>	2009 W-2 Forms or Federal Income Tax Forms
<input type="checkbox"/>	Letter from employer verifying employment and Income amount.	<input type="checkbox"/>	2009 Schedule C or Schedule F (self-employed only)
<input type="checkbox"/>	Free and Reduced Lunch form showing income amount verified by school	<input type="checkbox"/>	Documentation from DHS caseworker showing gross family income less than 200% FPL

Parents or guardians claiming zero earned income or claiming income that exceeds 200% of federal poverty guidelines may provide a notarized statement signed by the parent/guardian attesting to the fact that there is no earned income that income exceeds federal poverty guidelines.

Primary Care Physician: _____ Address: _____
Telephone Number: _____

Your child will be assigned to a school only after you have provided the following information:

<input type="checkbox"/>	ABC Application	<input type="checkbox"/>	Proof of Income
<input type="checkbox"/>	LRSD Pupil Information Form	<input type="checkbox"/>	Proof of Address
<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Social Security Card or assigned number
<input type="checkbox"/>	LRSD Four-Year Old Application	<input type="checkbox"/>	