



# Swede Preschool Academy

## *Applications - DUE March 31st*

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In an effort to reach those students not already being served by our community's private preschool providers, Gothenburg Public Schools first established its own preschool program in 2016-2017.

Our mission is to help meet the preschool needs of our four and five-year-old children who expect to enroll in Kindergarten for the 2023-2024 school year. Preschool classes are held four days a week, Monday-Thursday.

Space is limited, and for this reason, **families must complete this application in its entirety for their child to be considered for the preschool program.** This includes completely filling out the School Lunch Program information if this information is not already on file with the district. **Please do not leave anything blank as this might result in your application not being considered.** Enrollment priorities will be given to children who are most in need of an early childhood education program. A sliding fee scale will be used to determine tuition rates. Information regarding the sliding fee scale and enrollment priorities can be found below. **Students who live outside District #20 boundaries cannot enroll in preschool and must wait to apply for option enrollment as a kindergarten student in accordance with Nebraska State Law 79-234.**

### **Sliding fee scale:**

Tier I: Full Tuition- \$150 per month for 9 months

Tier II: Free Tuition - Child qualifies for free or reduced meal program.

### **Enrollment priority criteria:**

- Qualifies for free or reduced meals. (Application and guidelines enclosed)
- Child has an Individualized Education Plan (IEP)
- Child is in foster care
- Parents under 18 years of age at time of child's birth or have not completed high school
- Child's birth weight was under five pounds or was born prematurely (verified by physician)
- English is not the primary language spoken at home.

**Please note that applications are due March 31st.**



## Gothenburg Public Schools - Swede Preschool Academy Student Application



### Student Information

<b>Student Name</b> (Last, First, Middle Initial)	
<b>Street Address</b>	
<b>Mailing Address</b>	
<b>Home Phone*</b>	( _____ ) - _____ - _____
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Age</b> (Child will turn 4 on or before 7/31/22)	<input type="checkbox"/> Y <input type="checkbox"/> N <b>Date of Birth</b> (mm/dd/yyyy) ____ / ____ / ____
<b>Race:</b> (check all that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White
<b>Ethnicity:</b> (check one)	<input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
<b>Is the student Hispanic or Latino</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

*\*Phone numbers are automatically added to the district alert system. By signing this document, you have opted in to the alert system used to relay both informational and emergency information.*

### Parent/Guardian Information

<b>Custodial Parent/Guardian:</b>			
<b>Student living with:</b> (mark all that apply)		<input type="checkbox"/> Natural Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Natural Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian/Foster Parent <input type="checkbox"/> Other (specify)	
<b>Father's Name</b>		<b>Mother's Name</b>	
<b>Employer</b>		<b>Employer</b>	
<b>Day Phone</b> (###-###-####)		<b>Day Phone</b> (###-###-####)	
<b>Cell Phone</b> (###-###-####)		<b>Cell Phone</b> (###-###-####)	
<b>Email Address</b>		<b>Email Address</b>	
<b>Highest Level of Education</b>		<b>Highest Level of Education</b>	

Student Name: \_\_\_\_\_

**\*\* Please include a copy of your child's birth certificate and the free/reduced meal form.**

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### Emergency Contact Information

<b>Contact #1 Name &amp; Relation to Child</b>		<b>Contact #2 Name &amp; Relation to Child</b>	
<b>Phone</b> (###-###-####)		<b>Phone</b> (###-###-####)	

### Other Information

<b>Does your family qualify for the Federal Free/Reduced Meal Program?</b>	<input type="checkbox"/> Yes – form is already on file in the district <input type="checkbox"/> Yes – form attached ( <i>form included in packet</i> ) <input type="checkbox"/> No
<b>Does the student have a current Individualized Education Plan (IEP)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, verification: _____
<b>Is the student a Ward of the Court or is he/she been in foster care?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, case worker name: _____
<b>Age of Parents at child's birth</b>	Mother: _____ Father: _____ Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>My child was born</b>	<input type="checkbox"/> Full Term Baby (37 or more weeks gestation) <input type="checkbox"/> Premature (before 37 weeks gestation – <i>provide documentation</i> )
<b>Birth Weight</b>	Did your child weigh less than 5 pounds at birth? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you speak a language other than English in the home?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language? _____
<b>Do you have any concerns about your child's development?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____ _____

### Medical Information

<b>Doctor Name &amp; Phone #</b>	
<b>Dentist Name &amp; Phone #</b>	
<b>Medical Needs/Considerations</b>	
<b>Allergies</b>	
<b>Medications Given at Home</b>	
<b>Medications Given at School</b>	

**\*\* Please include a copy of your child's birth certificate and the free/reduced meal form (if applicable).**

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Student Name: \_\_\_\_\_

### Household Members

*Please list all children residing within your household (ages 0-21).*

Name	Date of Birth	Age	Gender	Relationship

Parents/Guardians: Your signature verifies the accuracy of this information and authorizes its use by Gothenburg Public Schools and its personnel for internal purposes. I have examined, read and agree to all information and statements on this document. My signature below acknowledges my agreement to the accuracy of information provided.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**\*\* Please include a copy of your child's birth certificate and the free/reduced meal form (if applicable).**

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**Return Completed Application to:** *(Insert School Name & Mailing Address here)*

**Part 1: Children in School**

List names of all children in school ( <b>First, Middle Initial, Last</b> ). If <u>all</u> children listed are foster, skip to Part 4 to sign the form. If some of the children are foster or are homeless, migrant or runaway children, complete all steps of the application.				Check all that apply: Homeless, Migrant, Runaway
	Grade	Name of School Child Attends	Foster Child	Runaway
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part 2: Assistance Programs – SNAP, TANF or FDPIR Benefits**

Enter **MASTER CASE NUMBER** if household qualifies for SNAP, TANF or FDPIR:   
 (Social Security numbers, Medicaid numbers and EBT numbers are not accepted.) Skip to Part 4

**Part 3: Total Household Gross Income – You must tell us how much and how often.**

<b>1. Household Members</b> List <b>everyone</b> in the household, current income each person earns in <b>whole dollars</b> (no cents) & how often. Entering “0” or leaving the income field blank certifies no income to report. A foster child’s <b>personal</b> use income must be listed.	<b>2. Gross Income (before taxes) and How Often it was Received</b>					
	Earnings from Work before deductions		Public Assistance, Child Support, Alimony		Pensions, Retirement and All Other Income	
	Income	How often	Income	How often	Income	How often
Total Number of Household Members: _____ (Children and Adults)	Last four digits of Social Security Number (SSN) of the adult signing this form: XXX – XXX – _____					Check if no SSN <input type="checkbox"/>

**Part 4: Adult Signature and Contact Information – An adult household member must sign the application.**

*“I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under applicable State and Federal laws.”*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street Address (if available): \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Part 5: Children’s Ethnic and Racial Identities – Optional**

**Check one Ethnic Identity:** – and – **Check one or more Racial Identities:**

Hispanic or Latino                       Asian                       Black or African American                       Native Hawaiian or other Pacific Islander  
 Not Hispanic or Latino                       White                       American Indian or Alaskan Native

**Do Not Fill Out the Section Below - For School Use Only**

Annual Income Conversion:	Weekly X 52;	Every 2 weeks X 26;	Twice a month X 24;	Monthly X 12
Total Household Size: _____	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Income                      Reason for denial: <input type="checkbox"/> Categorically eligible: <input type="checkbox"/> Income too high <input type="checkbox"/> SNAP/TANF/FDPIR <input type="checkbox"/> Incomplete application <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless/Migrant/Runaway: (Official Documentation Required at School)			
Total Income: _____ per <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> 2 X Mo <input type="checkbox"/> Every 2 Wks <input type="checkbox"/> Week				

Signature of Determining Official: \_\_\_\_\_ Date Approved: \_\_\_\_\_

<b>FOR THE VERIFICATION PROCESS ONLY:</b>		Date Withdrawn From School:
Signature of Confirming Official: _____	Date Confirmed: _____	
Signature of Verifying Official: _____	Date Verified: _____	

**Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.**

<b>FEDERAL INCOME CHART</b> for School Year 2021-22					
Household size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Each additional person:	8,399	700	350	324	162

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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