



Please check your preferred schedule

\_\_AM 8:15-11:15

\_\_PM 12:30-3:30

For Office Use Only Required		
School Year	Admission Priority (CPS, 1 <sup>st</sup> or 2 <sup>nd</sup> )	Ranking #
_____	_____	_____
_____	_____	_____

### STATE PRESCHOOL ELIGIBILITY FORM

Requested School(s) \_\_\_\_\_ Today's Date \_\_\_\_\_

Child's Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Legal Name \_\_\_\_\_ 2<sup>nd</sup> Parent/Guardian Legal Name \_\_\_\_\_  
(If living in home)

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Child(ren) live(s) with  one parent  two parents  grandparent(s)  guardian/foster parent(s)

Total Family Size (Includes parents in home and children 17 years and younger) \_\_\_\_\_

Income from:  1<sup>st</sup> Parent  2<sup>nd</sup> Parent  Both Parents  Child's Income if foster/guardianship

Gross monthly income from each of the following income sources:

Employment \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_

Cash Aid \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Combined Total Income \$ \_\_\_\_\_

The San Bernardino County Superintendent of Schools State Preschool Program does not discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability, in determining which children are served.

**EMAIL COMPLETED FORM TO: STPRESCHOOL@SBCSS.K12.CA.US**

**NOTES: (Office Use Only)**

Parent contacted:  By Phone  In person  By Mail  By E-mail (attach)

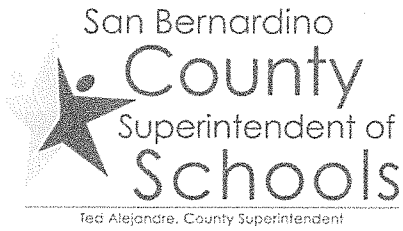
Date \_\_\_\_\_

Comments: \_\_\_\_\_

Parent contacted:  By Phone  In person  By Mail  By E-mail (attach)

Date \_\_\_\_\_

Comments: \_\_\_\_\_



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_____	_____	_____

**SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS  
LISTA DE ELIGIBILIDAD PARA ESCUELA PRESCOLAR**

Nombre de la escuela solicitada (s) \_\_\_\_\_ Fecha \_\_\_\_\_

Nombre del niño \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_ Edad \_\_\_\_\_

Primer nombre del padre/tutor legal \_\_\_\_\_ Segundo nombre del padre/tutor legal \_\_\_\_\_  
(Si vive en casa)

Dirección \_\_\_\_\_ Ciudad \_\_\_\_\_ Código Postal \_\_\_\_\_

Teléfono Casa ( ) \_\_\_\_\_ Trabajo ( ) \_\_\_\_\_ Celular ( ) \_\_\_\_\_

Dirección electrónico \_\_\_\_\_

El niño vive con  un padre  dos padres  abuelos  cuidador /padres adoptivos

Tamaño de Familia (Incluye los padres viviendo en casa y hijos de 17 años y menos): \_\_\_\_\_

Ingresos de:  primer padre  segundo padre  ambos padres  los ingresos del niño en caso de guarda/custodia

Ingresos mensuales de los siguientes recursos o medios:

Trabajo \$ \_\_\_\_\_ Manutención de Menores \$ \_\_\_\_\_ Seguro Social \$ \_\_\_\_\_ Incapacitado \$ \_\_\_\_\_

Asistencia Monetaria Del Condado \$ \_\_\_\_\_ Otro \$ \_\_\_\_\_ Total de todos ingresos \$ \_\_\_\_\_

El Superintendente de Escuelas del Condado de San Bernardino, no discrimina y da igual trato y acceso a los servicios a las familias que califiquen sin importar sexo, raza, religión, origen, condición física, o afiliación política.

**REGRESAR POR CORREO ELECTRONICO A: [STPRESCHOOL@SBCSS.K12.CA.US](mailto:STPRESCHOOL@SBCSS.K12.CA.US)**

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