San Bernardino **County** Superintendent of **Schools**
*Ted Alejandre, County Superintendent*

# STATE PRESCHOOL ELIGIBILITY FORM
### EMAIL COMPLETED FORM TO:  **StatePreschool@sbcss.net**

Requested School(s) _____     Requested Class: AM ☐ or PM ☐   Today's Date _____

Child's Legal Name _____     Birth Date _____     Age ____     IEP   ☐YES   ☐NO

Parent/Guardian Legal Name _____     2nd Parent/Guardian Legal Name _____
*(Only include 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    ☐ informal guardianship    ☐ formal guardian/foster (documentation required)

Total Family Size: Includes parents in home and children 17 years and younger  _____

Income from: ☐ 1st Parent    Pay Frequency: ☐ Monthly ☐ Bi-Weekly ☐ Weekly ☐ Self-Employment

☐ 2nd Parent    Pay Frequency: ☐ Monthly ☐ Bi-Weekly ☐ Weekly ☐ Self-Employment

☐ Child's Income if foster/guardianship

Employment $ _____   Child Support $ _____   Social Sec. $ _____   Unemployment $ _____

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.

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**NOTES:** (Office Use Only)

Date contacted: _____   ☐ By Phone   ☐ In person   ☐ By E-mail   ☐ By Mail
Notes:_____
_____

Date contacted: _____   ☐ By Phone   ☐ In person   ☐ By E-mail   ☐ By Mail
Notes:_____
_____

Date contacted: _____   ☐ By Phone   ☐ In person   ☐ By E-mail   ☐ By Mail
Notes:_____
_____

REV. 8/2021