



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

**SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS
STATE PRESCHOOL ELIGIBILITY LIST FORM**

Program Site _____ Today's Date _____

Child's Legal Name _____ Birth Date _____ Age _____

Parent/Guardian Legal Name _____ 2nd 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: 1st Parent 2nd 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.

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

Ubicación de Programa _____ Fecha _____

Nombre del niño _____ Fecha de nacimiento _____ Edad _____

Padre/madre/cuidador(a) _____ Padre/madre/cuidador (a) _____
(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.

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

Date _____

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