

Program choice

Please list the programs you would like your child to attend in order of preference. Please enter at least one choice from the list on the other side of this application.

#1 _____
 #2 _____
 #3 _____

Please answer the following questions as completely as possible. Your response will help make sure students receive priority for programs based on federal and state guidelines.

1. Check if this child has been enrolled in: Head Start Early Head Start
 If yes, when/where? _____
2. Is this child a foster child placed with you through DHS? Yes No
3. Does this child have a documented disability or health impairment? Yes No
 If yes, what type? _____
4. Does this child have a sibling who has been enrolled in Head Start or is currently enrolled in the school you are applying to? Yes No
 If yes, when/where? _____
5. Is your family currently receiving TANF benefits? Yes No
6. Is your family currently receiving SNAP benefits? Yes No
7. Are you or anyone in your family currently receiving Supplemental Security Income (SSI)? Yes No
8. Are you homeless or living in temporary housing, motel or shelter? Yes No
9. Are one or more of the child's parents/guardians current staff/faculty of Concordia University? Yes No
A portion of Faubion seats are available on a paying basis for children of Concordia University staff.
10. Are you interested in enrolling your child in the Native Montessori program at Faubion? Yes No

The next two questions are optional, and answers will not influence whether or not your child is accepted:

11. Are any children in your family enrolled in the Title VI Indian Education program? Yes No
12. Does your family routinely participate in Native American cultural activities? Yes No
13. Number in household: _____ Current monthly gross income (before taxes): _____
 I understand that I may be contacted and asked to provide additional information, including proof of income, to support my child's application.

Parent/Guardian Signature _____ Date _____

Applications can also be completed online: PPS.SCHOOLMINT.NET. Mail or deliver complete applications to:
 PPS Enrollment and Transfer Center
 501 N Dixon St. | Portland, OR 97227
 Please contact 503-916-3205 with questions

The Enrollment and Transfer Center will notify you regarding the status of your application.

OFFICIAL USE ONLY
 Date Received _____ Staff Initials _____ Ranking # _____ MECF? _____



Questions? Please contact the Enrollment and Transfer Center at 503-916-3205 or ENROLLMENT-OFFICE@PPS.NET



PORTLAND PUBLIC SCHOOLS

EARLY LEARNING PROGRAMS APPLICATION

For 3-4 year old students (Applications are processed all year)



Welcome! Thank you for your interest in Portland Public Schools' Early Learning Programs. This leaflet contains information about our preschool and Head Start offerings and an application form.

Eligibility and income requirements

PPS pre-kindergarten and Head Start programs give priority to low-income families. Eligibility can also depend on the neighborhood school you are assigned to based on your address. To determine if your family meets income eligibility guidelines, see page 2. Families not meeting income guidelines will be placed on a wait list.

Age requirements

Children must be at least three years old by September 1 of the enrolling year. For some programs students must be 4 years old. Students who are five years old by September 1 are not eligible for Early Learning programs, but may enroll in a free, full-day kindergarten. Go to the PPS website (WWW.PPS.NET) and search for "District map", this will lead you to a page with a button labeled "Interactive District Map", click on that to find your neighborhood school.

Space availability

PPS cannot always enroll every eligible student. If your child is added to a wait list, you may want to consider enrollment in a community preschool by calling 211 (WWW.211INFO).

Reminder

Preschool enrollment does not guarantee your student continues in that school for kindergarten, unless the school is your assigned neighborhood school.

Portland Public Schools is an affirmative action and equal opportunity employer.

Free PPS Pre-K programs

Student Age (by Sept 1)	Address	Options
N PORTLAND		
3 & 4	7650 N. Commercial Ave	Full day <i>(Native American focus classroom available)</i>
4	620 N Fremont St.	Full day
3 & 4	9325 N Van Houten St.	Full day and ½ day <i>(Spanish Immersion classroom available)</i>
3 & 4	9930 N Smith St.	Full day
NE PORTLAND		
3 & 4	2930 NE Dekum St.	Full day
3 & 4	2930 NE Dekum St.	Full day
4	4906 NE 6th Ave.	Full day
3 & 4	4800 NE 74th Ave.	Full day and ½ day <i>(Spanish Immersion classroom available)</i>
3 & 4	161 NE 82nd Ave	Full day
4	7200 NE 11th Ave.	Full day
SE PORTLAND		
3 & 4	4620 SE Powell Blvd.	Full day and ½ day
3 & 4	3119 SE Holgate Blvd.	Full day
3 & 4	9015 SE Rural St.	Full day and ½ day
3 & 4	7326 SE Flavel St.	Full day

2018 Family income guidelines

Eligibility for PPS Early Learning programs is based in part on whether a family income is within or near federal poverty guidelines. Lower income families have highest priority for acceptance.

Specific guidelines

- To be accepted at Boise-Eliot/Humboldt Pre-K, Martin Luther King Jr. Pre-K, Woodlawn Pre-K or Faubion Native Montessori, families must live within a Title IA neighborhood and have incomes below 200% of the Poverty guidelines. Go to the Funded Programs website (WWW.PPS.NET/FUNDED) or call 503-916-3205 to see if your neighborhood qualifies.
- Head Start prioritizes families at or below Federal Poverty guidelines. Some slots may be available for families at 130% of poverty or above with special circumstances.
- Faubion Pre-K families must earn below 200% of the poverty guidelines.
- Over-income families will be placed on a wait list for enrollment.

Parent or guardian information

Correspondence language: English Spanish Vietnamese Chinese Russian Somali
 Relationship to student (check one): Mother Father Guardian Other: _____

1. Parent first name: _____ Parent last name: _____

Phone number (must enter at least one)

Mobile: _____ Home phone: _____
 Work phone: _____
 Email: _____

Contact preference (must check at least one) Email and text Email only Text only

Home address: _____

Apt. # _____ City _____ State _____ Zip _____

Additional parent or guardian information

Correspondence Language: English Spanish Vietnamese Chinese Russian Somali
 Relationship to student (check one): Mother Father Guardian Other: _____

2. Parent first name: _____ Parent last name: _____

Phone number (must enter at least one)

Mobile: _____ Home phone: _____
 Work phone: _____
 Email: _____

Contact Preference (must check at least one) Email and text Email only Text only

Home address: _____

Apt. # _____ City _____ State _____ Zip _____

Student information

Student first name: _____ Student middle name: _____
 Student last name: _____ Gender: F M Birth-date: _____

Children must be 3 or 4 years old by September 1 of the enrolling year

Student lives with: Parent/Guardian 1 Parent/Guardian 2 Both Parent/Guardian 1 and 2

Student address (if different from parent address): _____

Apt. # _____ City _____ State _____ Zip _____

Current school/program, if any: _____

Neighborhood school: _____