



Building the whole person for the whole world with wisdom, stature and favor

Vision

Newman International Academy is dedicated to raising a generation/generations of well-rounded individuals who will realize their worth and purpose, find their interest and gifting, develop their skills, reach their highest potential, and meet the demands of this nation and world by receiving personalized educational experiences in a disciplined, nurturing and character-building environment facilitated through partnership between faculty, students, parents and community.

We are pleased that you have selected Newman International Academy as your school of choice. We are committed to providing a quality education designed to prepare your child for the international market place and/or college and career, and to become a well-rounded individual who reaches his/her highest potential in areas of gifting.

Please complete the Pre-Kindergarten Program Eligibility Packet., sign in the designated areas, and return to the school along with **ALL** the required documentation.

Newman International Academy **WILL NOT accept incomplete packets**. Please make sure you have completely filled out the entire packet, initialed and signed where needed, and all documents are attached with this enrollment packet. Return packet to the school office with the following documentation:

- *Copy of Child's Birth Certificate
- *Copy of utility bill showing the home address
- ***Proof of income (SNAP - TANIF current letter, pay stub, etc.)**
- *Home Language Survey

Please call the school office with any questions or if you need help completing the Pre-Kindergarten Program Eligibility Packet.

Pre-Kindergarten Program Eligibility Packet

2018-2019

NEWMAN INTERNATIONAL ACADEMY DISTRICT

2011 S. Fielder Rd., Arlington, TX 76013 682-207-5175



Newman International Academy
Pre-Kindergarten Program Eligibility Step 1
2018/2019 School Year

Please note your Campus Selection
 Fielder Campus PK-12
 NIAFW—Bethel Pre-K-3
 NICH—Cedar Hill PK-12



Please return the completed Application Form (Step One). You will be contacted to inform you of your student's acceptance and directions for completing the enrollment process. *Por favor devuelva el Formulario de Aplicación (Primer Paso) a la oficina de la escuela. Nos comunicaremos con usted para informarle de la aceptación de los estudiantes y las instrucciones para completar el proceso de inscripción.*

STUDENT INFORMATION INFORMACION DEL ESTUDIANTE		Born on or before Sept 1, 2015 Date of Birth: _____	
		Age as of Sept.1, 2018 _____ COPY OF BIRTH CERTIFICATE REQUIRED	
Last Name <i>Apellido</i> :		First Name <i>Nombre</i> :	
		Middle Name <i>Segundo Nombre</i> :	
LEGAL PARENT/GUARDIAN INFORMATION INFORMACION DEL PADRE/GUARDIAN LEGAL			
First Name <i>Nombre</i> :		Last Name <i>Apellido</i> :	
		Relationship to student <i>Relación al estudiante</i> :	
Address <i>Domicilio</i> : Apt #		Home Phone <i>Telefono de Casa</i> :	
		Cell Phone <i>Cellular</i> :	
City <i>Ciudad</i> :	State <i>Estado</i> :	Zip Code <i>Código postal</i> :	Email <i>Correo Electrónico</i> :
How did you hear about NIA? NIA Parent <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Mailer <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Magazine <input type="checkbox"/> Newspaper <input type="checkbox"/> Web-site <input type="checkbox"/> Other _____			

NIA is a Title 1 school and we are required to qualify all pre-kindergarten students. To be eligible for enrollment in a Pre-Kindergarten class, a child must be 3 or 4 years old on September 1, 2017 AND must qualify under one of the following:

1. is unable to speak and comprehend the English language;
2. is educationally disadvantaged (which means a student who is eligible to participate in the national free or reduced-price lunch program);
3. is homeless;
4. is the child of an active duty member of the armed forces of the United States;
5. is the child of a member of the armed forces who was injured or killed while on active duty;
6. is or ever has been in the conservatorship of the Department of Family and Protective Services (foster care) following an adversary hearing held as provided by Section 262.201, Family Code; or
7. is the child of a person eligible for the Star of Texas Award as:
 - a. a peace officer under Section 3106.002, Government Code;
 - b. a firefighter under Section 3106.003, Government Code; or
 - c. an emergency medical first responder under Section 3106.004, Government Code.

Pre-qualification page is attached.



**Newman International Academy
Pre-Kindergarten Program Eligibility
2017/2018 School Year**

Student Name _____

Date of Birth _____

PROOF OF ONE OF THE FOLLOWING QUALIFICATIONS MUST BE INCLUDED WITH THIS APPLICATION:

1. Is the student currently enrolled in a Head Start Program (HSP)? ☐ Yes ☐ No
If yes you MUST provide current HSP documentation certifying child is enrolled.
2. Are you receiving SNAP or TANF benefits for you child? ☐ Yes ☐ No
If yes, provide SNAP Number _____ or TANF number _____
3. Is the student homeless? ☐ Yes ☐ No
4. Is the student a child of an active duty member of the armed forces of the United States, Including the state military forces or a reserved component of the armed forces, who is ordered to active duty by proper authority or who was injured or killed while serving on active duty? ☐ Yes ☐ No
If yes, you MUST provide proper documentation.
5. Has the child ever been in the conservatorship (foster care) of the Department of Family and Protective Services (DFPS) following an adversary hearing? ☐ Yes ☐ No
If yes, you MUST provide a copy of the DFPS/Child Protection Services verification letter.
6. Does the student understand and speak English? ☐ Yes ☐ No
If your child/children hear or speak another language at home, we can offer extra support so they may have the opportunity to be more successful at school. Our desire and commitment is to provide assistance to every student so they may succeed in every area. If you have any questions, please call or contact us at 682-207-5175: Ext. 3008.

What Language is spoken in your home most of the time? _____

What language does your child speak most of the time? _____

Complete this section if you answered "No " to questions 1-5 "yes" to question 6.

1. Name (List everyone in household, including students)	2. Income and how often it is received. How Often: Weekly (W); Every 2 Weeks (E); Twice a month (T); Monthly (M)								3. Check if NO income
	Earning from work before deductions	How Often	Welfare, child support, alimony	How Often	Pensions, retirement, Social Security	How Often	Other	How Often	
Example: Smith, Jane B.	\$200	M	\$50	E					

I certify that all the information included in this packet is true and correct and that all income is reported (if required). I understand that this information is being given for the receipt of state funds, that school officials may verify the information on the application and that deliberate misrepresentation of the informations may subject me to prosecution under applicable state law. Furthermore, I recognize that any falsification of records or omission of information is grounds for immediate dismissal and may prevent NIA from providing required services for your student.

Signature of Adult Household Member

Date



**Newman International Academy
Pre-Kindergarten Program Eligibility
Step 1
2018/2019 School Year**

Student Name

Date of Birth

Newman International Academy District

HOME LANGUAGE SURVEY

If your child/children hear or speak another language at home, we can offer extra support so they may have the opportunity to be more successful at school. Our desire and commitment is to provide assistance to every student so they may succeed in every area. If you have any questions, please call or contact us at 682-207-5175: Ext.3008.

Si sus hijos escuchar o hablar otro idioma en casa, podemos ofrecer apoyo adicional para que tengan la oportunidad de tener más éxito en la escuela. Nuestro deseo y compromiso es ayudar a cada estudiante por lo que pueden tener éxito en cada área. Si usted tiene alguna pregunta, por favor llame o contacte con nosotros en 682-207-5175: Ext.3008.

Student's Name, Nombre del alumno: _____ **Date, Fecha:** _____

TO BE FILLED IN BY PARENT OR GUARDIAN, PARA SER LLENADO POR EL PADRE O TUTOR

What language is spoken in your home most of the time? _____
¿Qué idioma se habla en su casa la mayoría del tiempo?

What language does your child speak most of the time? _____
Idioma ¿su hijo habla la mayoría del tiempo?

Has your child ever lived outside of the U.S? _____
¿Ha vivido su hijo fuera de los Estados Unidos?

When did he/she enroll in a U.S. School? _____
¿Cuándo él o ella inscribirse en una escuela de Estados Unidos?

Parent/Guardian Signature: _____

Firma del padre/tutor

Date: _____

Fecha

Newman International Academy Socioeconomic Information Form

CONFIDENTIAL

Student Name _____ Student Grade _____ Student Date of Birth _____

Student ID _____

***NIA** is required to collect and report the socioeconomic status of each student to the Texas Education Agency for purposes of the annual state accountability ratings and for federal reporting. Please note that this form is not sent to the Texas Education Agency and that the income levels indicated for your family are not reported to the Texas Education Agency. Only the Economic Disadvantaged status of each student as determined by the information provided is reported to the Texas Education Agency.*

SECTION A

Do you receive Supplemental Nutrition Assistance (SNAP)? ☐ Yes ☐ No
Do you receive Temporary Assistance to Needy Families (TANF)? ☐ Yes ☐ No

If you answered YES on either of the above, skip SECTION B and continue to the SIGNATURE section.

SECTION B (Complete only if all answers in SECTION A are NO)

How many members are in the household (include all adults and children)? _____

TOTAL YEARLY INCOME BEFORE DEDUCTIONS OF **ALL** HOUSEHOLD MEMBERS (check one box below):

Include wages, salary, welfare payments, child support, alimony, pensions, Social Security, worker's compensation, unemployment and all other sources of income (**before any type of deductions**)
Please check one of the following two boxes as appropriate.

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 – 22,311 | <input type="checkbox"/> \$45,511 – 52,243 | <input type="checkbox"/> \$76,442 – 84,343 |
| <input type="checkbox"/> \$22,332 – 30,044 | <input type="checkbox"/> \$52,244 – 60,976 | <input type="checkbox"/> \$84,344 – 91,039 |
| <input type="checkbox"/> \$30,045 – 37,777 | <input type="checkbox"/> \$60,977 – 68,709 | <input type="checkbox"/> \$91,040 – 106,431 |
| <input type="checkbox"/> \$37,778 – 45,510 | <input type="checkbox"/> \$67,710 – 76,442 | <input type="checkbox"/> \$106,432 and above |

SIGNATURE

In accordance with the provisions of the Protection of Pupil Rights Amendment (PPRA) no student shall be required, as part of any program funded in whole or in part by the U.S. Department of Education, to submit to a survey, analysis, or evaluation that reveals information concerning income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior written consent of the adult student, parent or legal guardian.

☐ I certify that all the information on this form is true and that all income is reported. I understand the school will receive federal funds and will be rated for accountability based on the information I provide.

☐ I choose not to provide this information. I understand that the school's disbursement of federal funds and accountability rating may be affected by my choice.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date