



Seattle Public Schools Head Start

Children must be 3 or 4 by August 31

1. Complete the Application Form. Use a Ball Point Pen.
2. Attach Proof of your Child's Birth Date: (A COPY OF ONE OF THE FOLLOWING):
 - Birth Certificate
 - Passport
 - Permanent Resident Card
3. Attach proof of home address (A COPY OF ONE OF THE FOLLOWING)
 - Utility Bill/City Light bill
 - Other billing statement: cable, telephone, etc., lease agreement, DSHS documents
4. Attach Proof of Your Eligibility for the Last Calendar Year or Most Recent 12 Months: (A COPY OF ALL STATEMENT(S) SHOWING TOTAL FAMILY INCOME):
 - Income Tax form for the past year completed and signed (1040, 1040A)
 - W2 Form for the past year
 - Employer letter stating total gross earnings for past 12 months
 - TANF/ Working Connections Award/ Change Letter
 - Documentation verifying foster care, homelessness, Supplemental Security Income (SSI)
 - Self declaration statement acceptable under certain conditions
3. Seattle Public Schools Head Start will process your application and contact you regarding your eligibility. An in-person interview will be conducted with applicants to verify application, age, and income information.
4. Mail Application to: **Seattle Public Schools Head Start**
Mailstop: 31-555
PO Box 34165
Seattle, WA 98124-1165

Date Received:



Seattle Public Schools
Head Start Application
Mailstop: 31-555 PO Box 34165
Seattle, WA 98124-1165
(206) 252-0960



SITE: _____
AM ____ PM ____ FD ____
For Office Use Only

CHILD INFORMATION

Child's Birth Date:
First Name/MI Last Name
Race: Asian Black Caucasian Native American Pacific Islander Other:
Ethnicity: Hispanic Non-Hispanic Child's primary language:
Child's Gender: Male Female Receiving WIC? Yes No SNAP (food stamps) Yes No
Allergies/Health concerns:

Child's Health insurance: Medicaid (Apple Health) Private Insurance No insurance Other

Medical Clinic: Dental Clinic:
Phone number: Phone number:

Does your child have a diagnosed special need? Yes No Specify:
If yes, was your child diagnosed by a school district? Name of school district:

PARENT 1

First Name/MI:
Last Name:
Birth Date: Month Day Year
Relationship to Child: Father Mother
Grandfather Grandmother Foster
Other
Home Address:
City: State: Zip:
Home Phone:
Work Phone:
Cell Phone:
Email Address:

Primary Language of Parent:
Interpreter Needed? Yes No
Lives with Child? Yes No

CHILD CARE NAME/ADDRESS/TELEPHONE:

EMPLOYMENT

Working Full time Working part-time Not working
Looking for work Not looking for work In school

HIGHEST GRADE OR DEGREE

Master's Bachelor's Associate's
College certificate Some college, no degree
Diploma GED Grade 12 Grade 11
Grade 10 Grade 9 or less

PARENT 2

First Name/MI:
Last Name:
Birth Date: Month Day Year
Relationship to Child: Father Mother
Grandfather Grandmother Foster
Other
Home Address: (If different from other parent)
City : State: Zip:
Home Phone:
Work Phone:
Cell Phone:
Email Address:

Primary Language of Parent:
Interpreter Needed? Yes No
Lives with Child? Yes No

EMPLOYMENT

Working Full time Working part-time Not working
Looking for work Not looking for work In school

HIGHEST GRADE OR DEGREE

Master's Bachelor's Associate's
College certificate Some college, no degree
Diploma GED Grade 12 Grade 11
Grade 10 Grade 9 or less

HOUSEHOLD INFORMATION: Number supported by income: Parent(s) Children Other Adults

*I certify that the information provided on this application is accurate to the best of my knowledge.

X
Signature of Parent or Guardian Required

Date