

Columbia-Brazoria ISD PreK Registration Packet 2025 - 2026





All CBISD PreK classes are held at
Wild Peach Elementary 3311
County Road 353
Brazoria, TX 77422
(979) 799-1750

Principal: Anne Cohea

email: anne.cohea@cbisd.com

Send registration documents to: wperegistration@cbisd.com


Required Documents:

- Child's Birth Certificate**
- Child's Social Security Card**
- Official, Stamped Shot Record**
- Proof of Residency** *(must be in parent/guardian's name, provide one of the following):*
 -  **Mortgage Statement**
 -  **Lease Agreement**
 -  **Current Electric or Water Bill**
 -  *If none of the above are available, a Residency Affidavit will be required.*
- Parent/Guardian Driver's License**
- Income verification for all family members.**
- SNAP/TANF/Medicaid if applicable**

Next Steps:

Wild Peach Elementary will contact you in **August** to complete registration and set up **Skyward Family Access**.

Stay Updated:

 Check your **email**, cbisd.com follow **Wild Peach Elementary on Facebook** for important announcements!

****CBISD Pre-K is partnered with Brazoria County Head Start. To complete the registration process, you must also visit Brazoria Head Start at 120 W. Pleasant St, Brazoria and complete their enrollment requirements. For more information, please call 979-798-2391.****

TO BE COMPLETED BY SCHOOL PERSONNEL ONLY
(TEA AUDITED MATERIAL: Attach copies of ALL required documentation)

- ★ _____ Student's Original Birth Certificate (proof of age required)
- ★ _____ Student's Social Security Card (preferred, if not provided a State Alternative ID# will be assigned)
- ★ _____ Student's Current Immunization Records (proof of exempt status required)
- ★ _____ Parent/Guardian Proof of District Residency (required, unless homeless - utility bill: electric, gas, water; mortgage; lease agreement, cable, telephone, etc., CELL PHONE BILLS NOT ACCEPTED)
- ★ _____ Parent/Guardian Proof of Identification (Driver's License, State Photo ID)
- ★ _____ Home Language Survey and PK Application completed and signed
- ★ _____ Online Enrollment and Elementary Signature Packet through Family Access

Approval Based On:

_____ **Limited English Proficient – [Attach Home Language Survey and Proof of OLPT Assessment Scores]**

- HLS indicates that the child speaks/hears a language other than English at home: ___ Yes ___ No
- Oral Language Proficiency Test Administered: ___ Yes ___ No Scores attached: ___ Yes ___ No

_____ **Educationally Disadvantaged (Family Income) – [Attach copies of proof of income dated no earlier than 60 days of the enrollment date]**

- Income documentation (paystubs, W2 form, pay letter, etc.,) attached: ___ Yes ___ No

_____ **Educationally Disadvantaged (Family Assistance) – [Attach copy of official certification/benefit letter -Eligibility# required]**

- SNAP Certification/Benefit Letter attached: ___ Yes ___ No SNAP #: _____
- TANF Certification/Benefit Letter attached: ___ Yes ___ No TANF #: _____

_____ **Educationally Disadvantaged (ARD) – [Attach copy of ARD pages or email notification from Becky Wilson]**

- ARD Documentation or email notification attached: ___ Yes ___ No

_____ **Educationally Disadvantaged (Head Start) – [Attach copy of official documentation]**

- Head Start Documentation attached: ___ Yes ___ No

_____ **Homeless – [Attach copy of approved and signed Student Residency Questionnaire]**

- Child is homeless as defined by [42 USC 11302a & 11304a]
- Student Residency Questionnaire attached: ___ Yes ___ No

_____ **Military Dependent – [Attach line of duty determination, statement of service, copy of death certificate, purple heart orders or citation, or official letter from a commander or Department of Defense - DO NOT PHOTOCOPY MILITARY ID]**

- Military documentation attached: ___ Yes ___ No

_____ **Foster Care – [Attach verification letter from TX DPFS or other official documentation showing the child is or was in TX Foster Care]**

- TX Foster Care documentation attached: ___ Yes ___ No

_____ **Star of Texas Award – [Attach verification letter or other official documentation showing the parent or guardian has been nominated for or received the Star of Texas Award]**

- Star of Texas award documentation attached: ___ Yes ___ No

DETERMINATION OF ELIGIBILITY

_____ **Approved:** I verify the qualifying documentation has been reviewed and will be kept in the student's official cumulative folder for auditing purposes.

_____ **Not Approved:** The student does not meet eligibility requirements for enrollment in the CBISD Pre-K Program and is not enrolled.

_____ **Enrolled Ineligible:** The student does not meet eligibility requirements for enrollment in the CBISD Pre-K Program but is enrolled via Principal's approval.

Signature of Administrator or Authorized Designee

Date Verified

PreK Parent Survey

Student first and last name: _____

Parent first and last name: _____

Parent cell phone number: _____

Please complete the following survey about your child

1. Is your child toilet trained? ___ Yes ___ No
2. Can your child jump in place with two feet together like a rabbit? ___ Yes ___ No
3. Can your child throw a ball, without direction? ___ Yes ___ No
4. Can your child copy a circle or straight line with a crayon or a pencil? ___ Yes ___ No
5. Can your child match shapes: circle, square, triangle? ___ Yes ___ No
6. Can your child tell you if there are one or two objects before him/her? ___ Yes ___ No
7. Can your child follow simple directions such as “put the _____ in the box” or “take the _____ out of the box”? ___ Yes ___ No
8. When presented with two similar objects of different sizes, can your child give you the big object or give you the little object? Example: give me the big ball. Give me the little block. ___ Yes ___ No
9. Can your child give you a specific quantity of an object? Example: Give me one goldfish. Give me two goldfish. ___ Yes ___ No
10. Does your child use a group of at least 3 words to tell about or ask or something?
Example: Me hungry now. Mommy go bye-bye. ___ Yes ___ No

Please add anything specific you would like to say about your child.

Thank you!

CBISD Pre-Kindergarten Application

This form does not guarantee admission into the CBISD Pre-Kindergarten Program

<p>STUDENT INFORMATION</p> <p>Name: _____ Social Security # _____</p> <p>Date of Birth: ___/___/___ Male ___ Female</p> <p>City/State/Country of Birth _____</p> <p>Language Child Speaks _____</p>	<p>Texas Education Code 29.153 lists qualifications of children for prekindergarten programs. A student is eligible for the CBISD Pre-Kindergarten program by meeting one of the criteria outlined below. Please select the criteria for which you would like to qualify your child.</p> <p><input type="checkbox"/> Limited English Proficient The child is unable to speak AND comprehend the English language. <u>Must complete Home Language Survey AND child must qualify on the Oral Language Proficiency Test</u></p> <p><input type="checkbox"/> Educationally Disadvantaged (Family Income) The child is eligible for the CBISD Pre-Kindergarten program based on family income. <u>Must complete household survey AND provide proof of ALL income – Pay stubs, pay envelope, letter from employer, unemployment statement, pension or disability payments, etc..(refer to Income Survey / Verification Chart)</u></p> <p style="padding-left: 20px;">Total Household Size _____ Total Monthly Household Income _____</p> <p><input type="checkbox"/> Educationally Disadvantaged (Family Assistance) The child is eligible to participate in the National School Lunch Program based on family's receipt of the following: - Supplemental Nutrition Assistance Program (SNAP) - Temporary Assistance to Needy Families (TANF) <u>Must provide copy of active certification/benefit letter.</u></p> <p><input type="checkbox"/> Homeless Child is homeless as defined by [42 USC 11302a & 11304a], McKinney-Vento Act. <u>Must have approved Student Residency Questionnaire.</u></p> <p><input type="checkbox"/> Military Dependent The child is the dependent of a US armed forces active duty member (or member injured, killed or MIA while on active duty). <u>Must provide official military documentation.</u></p> <p><input type="checkbox"/> Foster Care The child is or has ever been in the conservatorship (foster care) of the TX Department of Family Services following an adversary hearing, or in FC in another state if the child now resides in Texas. <u>Must provide verification letter or other DFPS official documentation.</u></p> <p><input type="checkbox"/> Star of Texas Award The child is the dependent of a nominee or recipient of the Star of Texas Award. <u>Must provide verification letter or other official documentation.</u></p> <p><input type="checkbox"/> Eligible for PK Last Year or Repeat PK The child was eligible for PK last year, but did not attend and hasn't enrolled in KG, or the parent/guardian requests that the child repeat PK this year.</p>
<p>PARENT/GUARDIAN INFORMATION</p> <p>Name: _____</p> <p>Date of Birth: ___/___/___ Male ___ Female</p> <p>Street Address: _____ Apt#: _____</p> <p>City: _____ Zip: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p><i>I understand that information submitted on this application will be verified by school officials. If investigation determines that my child does not meet the eligibility guidelines, he/she will be unable to participate in the CBISD Prekindergarten Program. I certify that the information entered on this application is true and correct and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.</i></p> <p>Parent/Guardian Signature: _____</p> <p>Date of Application _____</p> <p><input type="checkbox"/> Special Education (ARD to PK) Child is assigned to a PK classroom per his/her ARD and email from SPED Coordinator. Child still should qualify for PK by another means if age = 4.</p>	
<p>Additional forms to be completed: Home Language Survey, Residency Questionnaire, Child Nutrition Application</p>	

Income Verification Chart 2025-26

PLEASE NOTE: This process does NOT qualify the student to receive free or reduced lunches. It is simply a process to verify the family's income and have proper documentation on file, as required by TEA. Families **must** apply with the Child Nutrition Department in order to receive free or reduced lunches/**Este proceso NO califica al estudiante para recibir almuerzos gratis o reducidos. Es simplemente un proceso para verificar los ingresos de la familia y tener la documentación adecuada en el archivo, como lo requiere la TEA. Las familias deben presentar una solicitud con el Departamento de Nutrición Infantil para recibir almuerzos.**

You **MUST** keep the PK Application, PK Eligibility form, and supporting income documentation in a folder for your Audit Box if it is stored separately from the student's cumulative folder.

INCOME ELIGIBILITY GUIDELINES

[Effective July 1, 2025, through June 30, 2026]

Total Income (wages, salary, welfare, child support, alimony, pension, Social Security, worker's compensation, unemployment, all other sources of income before any deductions) **Ingresos totales (salarios, sueldos, asistencia social, manutención infantil, pensión alimenticia, pensión, seguridad social, compensación laboral, desempleo, todas las demás fuentes de ingresos antes de cualquier deducción)**

Income calculations are made based on the following formulas: Monthly income is calculated by dividing the annual income by 12; twice monthly income is computed by dividing annual income by 24; income received every two weeks is calculated by dividing annual income by 26; and weekly income is computed by dividing annual income by 52. All numbers are rounded upward.

Total Number Living in the Household <i>Tamaño del hogar: número total de personas que viven en el hogar</i>	If at or below the income threshold, consider as eligible for PK as ECOD.					
	Annual <i>Annual</i>	Monthly <i>Mensual</i>	Twice per Month 2 veces/mes	Every Two Weeks <i>Semanas</i>	Weekly <i>Semanal-mente</i>	
1	28,953	2,413	1,207	1,114	557	
2	39,128	3,261	1,631	1,505	753	
3	49,303	4,109	2,055	1,897	949	
4	59,478	4,957	2,479	2,288	1,144	
5	69,653	5,805	2,903	2,679	1,340	
6	79,828	6,653	3,327	3,071	1,536	
7	90,003	7,501	3,751	3,462	1,731	
8	100,178	8,349	4,175	3,853	1,927	
Add for Each Additional Member	10,175	848	424	392	196	

COLUMBIA-BRAZORIA ISD STUDENT REGISTRATION FORM

Student Information		Campus:	Grade:
Last Name:		SSN:	
First Name:		DOB:	
Middle Name:		Gender: ___M ___F	
Ethnicity – select only ONE:	___Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)		___NOT Hispanic/Latino
Race – select ALL that apply for the student:	___American Indian or Alaska Native A person certified as a descendant of the original peoples of North America, or born in Central or South America.	___Asian A descendant of any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (Korea, Philippines, Vietnam, etc.)	___Native Hawaiian or Other Pacific Islander A descendant of any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	___Black	___White	

Information about the person enrolling the student <i>(required by the state- TEC #25002(F))</i>			
Name:		Relationship to student:	Your date of birth: / /
Physical Address:			
STREET		CITY	ZIP

Note: Non-custodial parent information, if applicable, belongs on the next page: Family #2 form.

At student's MAIN residence, provide:	First Parent / Guardian	Second Parent / Guardian
Last Name		
First and Middle Name		
Relationship to Student		
Physical Address		
City & ZIP		
Cell Phone		
Home Phone		
Email Address		

School Age Siblings Living at the Student's Physical Address				
Name	Date of Birth	Enrolled at CBISD?	Campus	Grade

Emergency Contacts to Add to Students Skyward				
Name	Relation to student	Address	Phone Number	Permission to pick up student?

Signature	Date
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COLUMBIA-BRAZORIA ISD FAMILY #2 FORM

This form is for parents or guardians of CBISD students who **don't live with them** but still have full access to their school information. If there are court papers that limit access, those will override this form.

Important: Use the same name for your child on all forms. If you write "James" on one and "Jimmy" on another, the system will think they are two different people.

The family/guardian contacts you list **should not** be emergency contacts—they will be called automatically. Fill out **all fields** correctly, including your relationship to the student (for example, if they are your stepchild).

FORMULARIO FAMILIA # 2 DE COLUMBIA-BRAZORIA ISD

Este formulario es para padres o tutores de estudiantes de CBISD que no viven con ellos, pero que aún tienen acceso completo a la información de su escuela. Si existen documentos judiciales que limitan el acceso, estos prevalecerán sobre este formulario.

Importante: Use el mismo nombre para su hijo en todos los formularios. Si escribe "James" en uno y "Jimmy" en otro, el sistema considerará que son dos personas diferentes.

Los contactos familiares/tutores que indique no deben ser contactos de emergencia; se les llamará automáticamente. Complete todos los campos correctamente, incluyendo su parentesco con el estudiante (por ejemplo, si es su hijastro).

SY <small>OFFICE USE ONLY</small>	for the Female Parent / Guardian Para el Progenitor/Guardian femenino	for the Male Parent / Guardian Para el Progenitor/Guardian masculino
Last Name/ Apellido		
First Name/ Nombre		
Middle Name/Segundo nombre		
Mailing Address/ Dirección Postal		
City & ZIP/ Ciudad y Código Postal		
Physical Address/ Dirección Física		
City & ZIP/ Ciudad y Código Postal		
Cell Phone/Teléfono móvil		
Email Address/Dirección de correo electrónico		

Student Information / Información del estudiante		
Full Legal Name Nombre legal completo	Female Guardian Relationship/ Relación de Guardian Femenino	Male Guardian Relationship/ Relación de Guardian Masculino

COLUMBIA-BRAZORIA ISD Student Residency, Foster Care & Military Connected Questionnaire

This questionnaire is intended to address the McKinney-Vento Homeless Education Act 42 U.S.C.1143a(2); legislation requiring schools to collect data as to the foster care status of all students; and military dependents (TEC ch. 162). The answers to this residency information help determine the services the student may be eligible to receive. Presenting a false record or falsifying records is an offense under Section 37.10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.002(3)(d). Local school districts must gather the following information, which will remain confidential. One form per student enrolled is required.

Student Name:	_____ LAST FIRST MIDDLE	Gender: M F	Birth Date: _____
Campus:	Student ID: _____	Grade: _____	Age: _____

Section A -- Student Living Situation (check all that may apply)

- Student lives with parent or legal guardian in a home (house or apartment), and does not share home with any others (extended family, friends, etc.)
- Live in a home of a relative or friend because I lost my housing ("doubled up" due to economic hardship, fire, flood, divorce, domestic violence, parent in the military and was deployed, parent in jail, etc.)
- Live in a tent, car, van, abandoned building (living on the streets, campground, park, or unsheltered location), includes living without electricity, heat, and/or running water in a home/apartment/trailer.
- Live in a hotel/motel (due to economic hardship, eviction, flood, fire, hurricane, etc.)
- Live in a shelter because I do not have permanent housing (family shelter, domestic violence shelter, children/youth shelter, FEMA housing), includes living in transitional housing (moving place to place, temporary living arrangement).
- Unaccompanied Youth (student is not living in the home of a parent or legal guardian).
- Child or youth placed by DFPS with temporary guardian (DFPS provided a Parental Child Safety Plan or Authorization for Non-parent or Voluntary Caregiver).

Section B - Foster Care Status (Check all that may apply) * If not in Foster Care, leave this portion blank

- Student is currently in the conservatorship (custody) of the Department of Family and Protective Services (a court order names DFPS as the Temporary Managing Conservator or Permanent Managing Conservator)
 - Student is currently in Foster Care and residing in a Foster or Group Home (Foster Parent/Group Home Staff have DFPS Placement Authorization Form 2085)
- For Pre-Kindergarten Students ONLY:**
- Student has previously been in the conservatorship (custody) of the Department of Family and Protective Services

Section C - Military Connected Family Information

- Please check one box below to indicate if your K - 12th grade child is a dependent of an **Active Duty** member of:
- Army, Navy, Air Force, Marine Corps, or Coast Guard [including Missing in Action]
 - Texas National Guard
 - Reserve Duty of Army, Navy, Air Force, Marine Corps, or Coast Guard
 - If the K-12 student is a dependent of a **former member** of the US military, Texas National Guard, or US military reserves please check this box.
 - If the K-12 student was a dependent of a member of a military or reserve force in the United States military who was killed in the line of duty, please check this box.
- For Pre-Kindergarten students ONLY:**
- Armed forces or reserved forces of the United States (Army, Navy, Air Force, Marine Corps, or Coast Guard) or Texas National Guard who is on active duty or has been injured or killed while on active duty.

Section D - Parent/Legal Guardian/Caregiver/Unaccompanied Youth

Name:	_____ LAST FIRST MIDDLE	Relationship to Student:	_____
Telephone:	Address:	Zip:	_____
Student's length of time at present address: ___ years ___ months ___ days		Number of children enrolled in CBISD: _____	
Signature of parent / legal guardian / caregiver / unaccompanied youth		Date	

Please send / return to Parent Liaison, then place copy in student folder.

I certify the above-named student ___meets / does not meet___ requirements of the McKinney-Vento Act.
 I certify the above-named student ___meets / does not meet___ requirements of the Fostering Connections to Success and Increasing Adoptions Act of 2008.

Parent Liaison Signature _____ Date _____ School Year _____



Texas Education Agency

Morath 1701 North Congress Avenue • Austin, Texas 78701 1494 • 512 463 9734 • 512 436 9838 FAX •

tea.texas.gov Student Name: _____

District Name: Columbia-Brazoria ISD

Student ID#: _____

Campus Name: Wild Peach Elementary

English Version

Commissioner Mike

HOME LANGUAGE SURVEY

19 TAC Chapter 89, Subchapter BB, §89.1215

(Home Language Survey only administered during **initial** enrollment in Texas public schools)

To be completed by Parent or Guardian for students enrolling in Prekindergarten* through grade 8 (or by students in grades 9-12). * Prekindergarten includes any student enrolling in a 3- or 4-year-old school program.

Part One: The state of Texas requires that the following information be completed for each student who enrolls in a Texas public school for the first time. It is the responsibility of the parent or guardian, not the school, to provide the language information requested by the questions below.

Dear Parent or Guardian:

Please answer the questions below about the languages your child or family uses. If your responses indicate the use of a language other than English, the school will conduct a language proficiency assessment to determine how well your child communicates in English. This information will be used to determine any appropriate linguistic supports and inform instructional recommendations. If you have questions about the purpose and use of the Home Language Survey, or you would like assistance in completing the form, please contact your school/district personnel.

This survey shall be kept in each student's permanent record folder. A copy of this survey shall follow the student while enrolled in any public or open enrolled charter school in Texas.

Part Two: Please answer the questions to the best of your ability.

1. Which languages are used at home? _____

2. Which languages are used by the child at home? _____

3. If the child had a previous home setting, which languages were used? If there was no previous home

By checking this box, I understand a request to correct an error to this Home Language Survey can only happen if:

- my child has not yet been assessed for English proficiency; and
- corrections are made within two calendar weeks of my child's enrollment date.

setting, answer Not Applicable (N/A). _____

Note: Please contact your school about the benefits of bilingual education services. The following resources may also provide information on program services that foster bilingualism.

- Parent/ Guardian Rights
- Bilingual Education Program
- Program Information Videos

Please visit the Emergent Bilingual Support Portal (txel.org) for additional information.

Signature of Parent/Guardian _____ Date _____

Signature of Student if Grades 9-12 _____ Date _____