Date



Parent/Guardian Signature

800 NE Lafayette Ave.

McMinnville, Oregon 97128

Phone: 503.565.4000

Fax: 503.565.4030

Pre-K Application for Limited Income Priority Placement

McMinnville School District has a prekindergarten (pre-k) program for four-year-old students with a priority for serving our low-income students. Sixty percent of our preschool slots will be reserved for students in families who experience limited income consistent with USDA income guidelines for free or reduced meals which are listed on the back of this sheet. The remaining slots will be filled on a first come first served basis.

If you wish to be considered for Limited Income Priority Placement, please complete the application below and return with your pre-k registration information.

Student Name:		Date of Bir	:h:	
Parent Name:		Living in hon	ne: PYES	S ONO
Primary Phone:		Email Addre	ss:	
Parent Name:		Living in hon	ne:	S ONO
Primary Phone:		Email Addre	ss:	
Home Address:				
Mailing Address:				
	, in the second			□ Foster Child foster children.
1. Number of family	members living in your home			
2. Gross Monthly E	arnings: Wages, Salary, Commissions	3		
3. Monthly Welfare	Payments, Child Support, Alimony	3		
Monthly Payments from Pensions, Retirement, Social Security				
Monthly Payments from Pensions, Retirement, Social Security Monthly Dividends or Interest on Savings				
6. Monthly Worker's	Compensation, Unemployment, Strike Benefi	t s		
7. Other Monthly In	come (SSI, VA, Disability, Farm, other)	9		
Primary Phone: Email Acc Parent Name: Living in Primary Phone: Email Acc Home Address: Mailing Address: ease mark all benefits your household receives: TANF SNAP SSI ease complete the table below reporting income for all members of househ Number of family members living in your home C. Gross Monthly Earnings: Wages, Salary, Commissions Monthly Welfare Payments, Child Support, Alimony Monthly Payments from Pensions, Retirement, Social Security		d lines 1-6)		
X				

To my knowledge the information provided in the table above is true and accurate. I understand that proof of income may be required. See placement tables on the back of this sheet to determine whether your income falls into the free or reduced rate for consideration for limited income priority placement in pre-k.



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Income Guidelines for Pre-K Priority Placement

Effective 7/1/24-6/30/25

See placement tables on this sheet to determine whether your income falls into the USDA free or reduced meals rate in order to be considered for limited income priority placement in pre-k.

Federal Free Meals Guidel	ines					
Household Size	Federal poverty guidelines, qualifies for Head Start	Annual	Monthly	Monthly	Every Two Weeks	Weekly
1	20,440	19,578	1,632	816	753	377
2	25,820	26,572	2,215	1,108	1,022	511
3	31,200	33,566	2,798	1,399	1,291	646
4	36,580	40,560	3,380	1,690	1,560	780
5	36,580	47,554	3,963	1,982	1,829	915
6	41,960	54,548	4,546	2,273	2,098	1,049
7	47,340	61,542	5,129	2,565	2,367	1,184
8	52,340	68,536	5,712	2,856	2,636	1,318
For each additional family member add	+ 5,380	+ 6,994	+ 583	+ 292	+ 269	+ 135
Federal Reduced Meals G	uidelines					
Household Size		Annual	Monthly	Twice Monthly	Every Two Weeks	Weekly
1	20,440	27,861	2,322	1,161	1,072	536
2	25,820	37,814	3,152	1,576	1,455	728
3	31,200	47,767	3,981	1,991	1,838	919
4	36,580	57,720	4,810	2,405	2,220	1,110
5	36,580	67,673	5,640	2,820	2,603	1,302
6	41,960	77,626	6,469	3,235	2,986	1,493
7	47,340	87,579	7,299	3,650	3,369	1,685
8	52,340	97,532	8,128	4,064	3,752	1,876
For each additional family member add	+ 5,380	+ 9953	+ 830	+ 415	+ 383	+ 192