## **SURE START APPLICATION**



Dear Parent(s),

date).

Thank you for your interest in our school's Sure Start program. Sure Start is an early intervention program for families in our school community with priority given to children whose sponsor's rank is in the E1 to E4 or GS1 to GS4 or \*Non Appropriated Fund (NAF), NAF1 or NAF2 range, living and working at military installations overseas. Any sponsor whose rank is E5 to E9 or GS5 to GS8 or NAF3 - NAF4, rank equivalent\*, who wishes to apply for the program, is eligible to do so – with the understanding that priority is given to students whose sponsor is the first eligibility category.

The Sure Start Advisory Committee, comprised of school and community members, reviews applications for enrollment. Priority in selecting 18 children to enroll in the program is given to dependents in the first category. Children must be four years of age by 1 September in the school year in which they enroll.

**Prioritization of Sure Start Income Eligibility** 

RANK	PRIORITY
E1-E4, GS1-GS4 or NAF 1-NAF 2, rank equivalent	First Priority
E5, GS5 or NAF2 rank equivalent	Second Priority
E6-E7, GS5-GS6 or NAF 3-4, rank equivalent	Third Priority
E8-E9 or GS6-GS8 or NAF 4, rank equivalent	Fourth Priority

<sup>\*</sup>NAF Rank Equivalent: The non-appropriated fund rank is used to determine Sure Start eligibility for the dependents of NAF employees. The NAF employee rank uses different banding levels than its counterparts (i.e. Enlisted (E) service members or General Schedule (GS) civilian employees.) In order to determine the priority order for enrollment in the Sure Start Program, the NAF employee rank must be at level which is equivalent to the enlisted service member and General GS civilian employee. NAF Annual salary will be used to determine enlisted rank equivalent.

Sure Start views parent participation as integral to the success of the program. Parents must agree to participate in the classroom and volunteer their time as a precondition to their child's enrollment. Thirty hours per parent is required for each participating family. Both parents in two-parent families are expected to contribute their time equally. Parents who are deployed for an extended period of time are still expected to participate and volunteer, but will have a modified schedule during the time of deployment.

Sure Start offers a comprehensive approach to early childhood education that involves both children and families. The Sure Start program is dedicated to providing comprehensive services in the areas of education, health, social services, and family involvement.

Please complete the following questions and discuss your answers with the school principal or office secretary, if necessary. They will advise you whether or not you should complete the application.

10	cessary. They will devise you whether or het you should complete the application.
1.	Will your child be four years old by 1 September of the school year in which you hope to enroll your child in Sure Start?
2.	Is this the school your child would be eligible to attend if he/she were school age?
3.	What is the sponsor's rank? (The sponsor is required to show proof of sponsorship (e.g., military orders) and

proof of current rank (e.g., pay stub). The proof of current rank must be dated within one month of the application

# **SURE START APPLICATION**

(This form is subject to the Privacy Act of 1974.)

#### PRIVACY ACT STATEMENT

AUTHORITY: Title 20 United States Code, §§ 921 - 932; Title 10 United States Code § 2164, DoD Directive 1342.20, "Department of Defense Education Activity (DoDEA)," October 19, 2007) PRINCIPAL PURPOSE: To establish eligibility to enroll in DoDEA Sure Start programs.

**ROUTINE USE(S):** In addition to the disclosures within DoD generally permitted under 5 U.S.C. 552a(b)(1) of the Privacy Act, this record or information contained herein may be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) and the DoD Blanket Routine Uses, described at the beginning of the Office of the Secretary, DoD/Joint Staff compilation of systems of records notices, located at: http://www.defenselink.mil/privacy/notices/osd/.

**DISCLOSURE.** Furnishing the information collected by this form is voluntary. Failure to furnish the information collected by this form may delay or prevent the enrollment of a child in the DoDEA Sure Start program.

#### **PROGRAM STATEMENT:**

The Sure Start program is based on the successful Head Start program implemented for those children needing more time and attention to achieve school readiness.

#### PARENT RESPONSIBILITIES:

The Sure Start Program consists of four components. The Educational Component is designed to meet the individual needs of the children enrolled. A developmental screening will be provided for all Sure Start students. Medical and dental screenings are required for students and will be completed under the Health Component. The Social Service Component will deal with improving the conditions and qualities of family life. The Parent Component formalizes the parental role in the education of their child(ren). Therefore, dual parents are required to participate and volunteer in the classroom the equivalent of 10 days per year (60 hours) and single parents are required to participate and volunteer the equivalent of 5 days per year (30 hours) as a condition of enrollment and have two to three home visits by the Sure Start Program. Immunizations, along with other required documentation for DoDDS registration, are necessary for enrollment.

#### QUALIFICATIONS:

All Sure Start students must be command sponsored. In order to keep this program consistent with DoDEA kindergarten enrollment dates, 4 year-olds considered for Sure Start must have a birth date on or before September 1 of that school year. Four year olds whose sponsor is equivalent of E9 and below may apply for enrollment in Sure Start. Priority will be given to students whose sponsor's rank is E1 to E4 or GS 1 to GS4 or \*NAF rank equivalents. Considerations for enrollment include one or more of the following conditions:

- Child in a family with E1 to E4 or GS1 to GS4, General Schedule, or Non Appropriated Fund (NAF), NAF1-NAF2, rank equivalent – FIRST PRIORITY;
- E5 or GS5 or NAF 2, rank equivalents, SECOND PRIORITY
- E6-E7, GS5-GS6 or NAF3-NAF4, THIRD PRIORITY
- E8 to E9 or GS6 to GS8 or NAF 4, rank equivalents, FOURTH PRIORITY.
- Child of low birth weight under 5lbs 8ozs
- Child has a parent whose primary language is not English.
- Child has a parent who was a teenager when first child was born.
- Child is in family headed by single parent.
- Child has three or more siblings close in age range.
- Child has a sibling with a severe diagnosed disability.
- Child has a parent that has separated from the family, due to military reassignments giving the remaining parent an extension at the present locale.
- Child has a parent who has not graduated high school.
- Child is from a dual military family.

Students enrolled in the Sure Start Program are selected by the Sure Start Advisory Committee, which includes school and base services personnel. For more information, please call the school your child **is eligible to attend** and find out where the nearest Sure Start program is located.

### Please complete the application and turn it in to the Sure Start site that your child will be eligible to attend.

\*NAF Rank Equivalent: The non-appropriated fund rank is used to determine Sure Start eligibility for the dependents of NAF employees. The NAF employee rank uses different banding levels than its counterparts (i.e. Enlisted (E) service members or General Schedule (GS) civilian employees.) In order to determine the priority order for enrollment in the Sure Start Program, the NAF employee rank must be at level which is equivalent to the enlisted service member and General GS civilian employee. NAF annual salary will be used to determine enlisted rank equivalent.

CICIRCLE ONE)   7 8 9 10 11 12 / GED AA BS OTHER(please indicate here)   FIRST CHILD WAS BOX				SURE S	TART APP	LICATION					
PRIMARY LANGUAGE SPOKEN IN THE HOME  SPONSOR'S DEROS  MALLING ADDRESS  (Include POST or BASE BLIDG & APTA or village/from A/or street accress)  Home Phone Number  Mother  Father  Father  Child  SPONSOR'S PARS OF EDUCATION  (IRCLE ONE)  7 8 9 10 11 12/GED AA BS OTHER; peesse indicate hers)  SPOUSE'S NAME	CHILD'S NAME			CHILD'S GENDER	CHILD'S DATE OF BIRTH (month/day /year) example: June 4, 2012						
UNIT/COMMAND UNIT PHONE ##  PHYSICAL RESIDENCE ADDRESS (Include PQST or BASE, BLDQ & APTS, or villagebown Airs street address)  PRIMARY LANGUAGE OF: Mobile Phone Number(s)  Pather Child ARE YOU A SINGLE PARENT?  BEAULADDRESS.  Mobile Phone Number(s)  PRIMARY LANGUAGE SPOKEN IN THE HOME Child SPONSOR'S YEARS OF EDUCATION (CIRCLE ONE) 7 8 9 10 11 12 GED AA BS OTHER; please indicate here)  SPOUSE'S NAME SPONSOR'S YEARS OF EDUCATION (CIRCLE ONE) 7 8 9 10 11 12 GED AA BS OTHER; please indicate here)  WHERE IS SPOUSE EMPLOYED?  SPOUSE'S JOB STITLE:  TOTAL NUMBER OF CHILDREN IN THE HOME  AGES OF OTHER CHILDREN IN THE Dual Military (circle one) Yes No  HAVE ANY OF THE SIBLINGS REQUIRED SPECIAL SERVICES. PLEASE SPECIFY.  TOTAL NUMBER OF WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM?  IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM?  IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM?  IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM?  IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM?  IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM?  IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM?  IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM?  I UNderstand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.  (Date)  (Signature)			ould attend if	MILITARY HOUSING	G AREA OR TO	WN WHERE CHILD	AND FAMILY	RESIDE			
Home Phone Number    Pather	SPONSOR'S NAME RANK		SPONSOR'S DEROS		MAILING ADDRESS						
Mobile Phone Number(s)  Father Should Phone Number(s)  Should Phone Number(s)  Spould Phone Number (spould phone Number should be spould phone Number should phone Number should phone Phone Number should ph	UNIT/COMMAND	UNIT PHONE	#	PHYSICAL RESIDENCE ADDRESS (Include POST or BASE, BLDG & APT#, or village/town &/or street address)							
PRIMARY LANGUAGE SPOKEN IN THE HOME CHILD WAS SOLD THE REPARRED FOR EDUCATION (CIRCLE ONE)  PRIMARY LANGUAGE SPOKEN IN THE HOME (CIRCLE ONE)  PRIMARY LANGUAGE SPOKEN IN THE HOME (CIRCLE ONE)  PROJECT STATES OF EDUCATION (CIRCLE ONE)  SPOUSE'S NAME  SPOUSE'S YEARS OF EDUCATION (CIRCLE ONE)  7 8 9 10 11 12/ GED AA BS OTHER (please indicate hare)  SPOUSE'S JOB TITLE:  TOTAL NUMBER OF CHILDREN IN THE HOME BOTHER (S)  BY OF SISTER (S)  AGE'S OF OTHER CHILDREN IN THE DUal Military (circle one) Yes No  HAVE ANY OF THE SIBLINGS REQUIRED SPECIAL SERVICES. PLEASE SPECIFY.  BY STHE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM?  WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START?  I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.  (Date)  (Signature)	Home Phone Number										
CIRCLE ONE)   7 8 9 10 11 12/ GED AA BS OTHER(please indicate here)   FIRST CHILD WAS BOI	Mobile Phone Number(s)			Fatner SINGLE DEPLOYM (Documental PARENT?			MENT? Please indicate dates of deployment				
WHERE IS SPOUSE EMPLOYED?  SPOUSE'S JOB TITLE:  TOTAL NUMBER OF CHILDREN IN THE HOME  # OF BROTHER (S)  # OF SISTER (S)  AGES OF OTHER CHILDREN IN THE Dual Military (circle one) Yes No  HAVE ANY OF THE SIBLINGS REQUIRED SPECIAL SERVICES. PLEASE SPECIFY.  IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM?  WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START?  I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.  (Date)  (Signature)	PRIMARY LANGUAGE SPOKEN IN THE HOME			(CIRCLE ONE)			ite here)	SPONSOR'S AGE WHEN FIRST CHILD WAS BORN			
TOTAL NUMBER OF CHILDREN IN THE HOME OF BROTHER (S) # OF SISTER (S) AGES OF OTHER CHILDREN IN THE Dual Military (circle one) Yes No  HAVE ANY OF THE SIBLINGS REQUIRED SPECIAL SERVICES. PLEASE SPECIFY. YES NO  IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM? YES NO  WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START?  Lunderstand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.  (Date) (Signature)	SPOUSE'S NAME			(CIRCLE ONE)			ite here)	SPOUSE'S AGE WHEN FIRST CHILD WAS BORN			
HOME  Yes No  HAVE ANY OF THE SIBLINGS REQUIRED SPECIAL SERVICES. PLEASE SPECIFY.  IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM? YES NO  WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START?  I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.  (Date)  (Signature)	WHERE IS SPOUSE EMPLOYED?			SPOUSE'S JOB TIT	LE:						
IS THE CHILD APPLICANT OR SIBLINGS ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM? YES NO WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START?  I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.  (Date) (Signature)				# OF SISTER (S)	HOME						
WHY WOULD YOU LIKE TO HAVE YOUR CHILD ENROLLED IN SURE START?  I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.  (Date) (Signature)	HAVE ANY OF THE	SIBLINGS RE	QUIRED SP	ECIAL SERVICES.	PLEASE SPE	ECIFY.			YES	□ N	0
I understand and agree to the requirements of the Sure Start Program and certify that all information provided is correct.  (Date)  (Signature)							BER PROGR	AM? YE	s [	NO	
correct(Date)(Signature)	WITH WOOLD TO	O LIKE TO TH	AVE TOOK C	THE LANCELLY	N OOKE OTAL	(T)					
Correct.  (Date)  (Signature)											
correct(Date)(Signature)											
Correct.  (Date)  (Signature)											
correct(Date)(Signature)											
		nd agree to t	he require	ments of the Sure	e Start Prog	ram and certify	that all in	formation pro	vided is		
TARGET POPUL ATION: Children 4-years of age by Sentember 1 of the enrolling school year and a dependent of a sponsor E4 and below		, ,					J46				