



SAHUARITA UNIFIED SCHOOL DISTRICT

Preschool Attendance Expectations

The Pima Early Education Program was developed to provide access to high quality early childcare education. Full time Pima County and SUSD Scholarships are awarded to families who financially qualify. As a recipient of the full-time scholarship, it is required that your child be scheduled to attend a minimum of fourteen (14) days and 84 hours per month. The district may revoke your scholarship if your child fails to attend at least 85% of the time that they are scheduled. Absences are considered excused at the discretion of the district and must be called in when your child is absent from school for any reason. Chronic and/or unexcused absences and tardiness may lead to removal of the program. District board policy states, "Students who have had 10 consecutive unexcused absences will be dropped from the school" if we do not hear from our parents. Therefore, it is your responsibility to communicate with the teacher and office staff for any absences.

Research shows that there are major benefits when children arrive to school on time and every day. Inconsistent attendance negatively impacts student success and learning. It is critical that we work as a team to support your child and his/her learning. In doing so we will contribute to better outcomes such as preparing your child for kindergarten, nurturing critical executive functions, building strong and loving relationships between teachers and students, and creating a love for school and learning.

I, _____, understand the attendance expectations as they have been presented to me. I understand that if I fail to bring _____ to their preschool program at least 85% of their scheduled time, SUSD reserves the right to revoke their scholarship.

Date: _____



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Pima Early Education Scholarship Checklist

1. ☐ **Interest form complete**
2. ☐ **Employed by other** (must provide documentation of one of the following options):
 - ☐ One month of current consecutive pay stubs OR
 - ☐ Written statement from employer, on company letterhead, that includes a gross annual income or hourly rate with average hours worked and frequency of pay OR
 - ☐ Public Assistance Letter (if there is a public assistance letter do not collect HH size or other employment info)
- ☐ **Unemployed**
 - ☐ No Income Declaration Form (mandatory for all contributing members w/no earned income)
3. ☐ **Household size**
 - ☐ ALL pages of public assistance letter dated within last 12 months OR
 - ☐ Most current annual income tax return (pg.1 of 1040 tax form) OR
 - ☐ Does not file taxes or needs an amendment
4. ☐ **Documentation of birthdate for child**
 - ☐ Birth Certificate OR
 - ☐ Other, please list _____
5. ☐ **Signed Attendance Expectations**
6. ☐ **Parent(s) provided with Family Award Notification Letter**



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Pima Early Education Scholarship Program Interest Form

The Pima Early Education Program was developed to provide access to high quality early childcare education. Full time Pima County and SUSd Scholarships are awarded to families who financially qualify.

Child's name: _____

Date of Birth: _____

Parent's (legal guardian) name: _____

Parent's (legal guardian) phone number: _____

Parent's (legal guardian) email address: _____

Please look at the table below and circle where you believe you qualify under:

2021 Family Federal Poverty Levels (FPL) – Annual Gross Income (12 months)								
Based on the US Department of Health and Human Services 2021 Poverty Guidelines at 100% FPL https://aspe.hhs.gov/2021-poverty-guidelines								
Preschools will confirm income eligibility								
Family Size	2	3	4	5	6	7	8*	For each additional
Household Income	\$34,840	43,920	\$53,000	\$62,080	\$71,160	\$80,240	\$89,320	\$9,080
Household Income at 165% of FPL	\$28,743	\$36,234	\$43,725	\$51,216	\$58,707	\$66,198	\$73,689	\$7,491

If you do not qualify for the scholarship or DES, would you be interested in paying \$ 620 a month to enroll your child in the program? ☐ Yes ☐ No

Signature _____ Date _____

Received by: _____ Date: _____



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No Income Declaration Form

Contributing Member(s): Any household member related by birth, marriage, or adoption; contributing member will also include anyone who claims the child as a dependent on his/her taxes or public assistance letter. A No Income Declaration Form is mandatory for all Contributing Members w/no earned income.

DECLARATION

I _____, state that I have not been employed, self-employed, completed
(Contributing Member's full name)
odd jobs or had any source of income including any gifts or loans during the past 30 days. The last income
I received was from _____. I received my last
(Source of income: company name, self-employed, loans, etc.)
payment from this source of income around _____.
(Date)

AFFIRMATION I swear under penalty of perjury that the above statement about myself, which relates to my eligibility for benefits, is true and correct to the best of my knowledge.

(Contributing Member's signature)

(Date)