

**Lancaster School District – Early Childhood Education**

**Statement of Unemployment**  
**Preschool Programs**

1) **I hereby certify, under penalty of perjury that** \_\_\_\_\_  
Name of Parent/Guardian currently unemployed

**stays at home or is going to school and makes (0) zero income.**

2) I attest that the information stated above is true and accurate, and understand that the above information, if misrepresented, or incomplete, may be grounds for child’s dismissal from the Lancaster School District State Preschool Program and/or require repayment of all costs incurred for services rendered to the family.

3) \_\_\_\_\_  
Parent/Guardian (applicant) printed name      Parent/Guardian (applicant) signature      Date  
(Typing your name is acknowledgment of electronic signature)

4) \_\_\_\_\_  
Applicant’s address      City      Zip Code

5) Child’s Name: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For Office Use Only**

By signing below staff acknowledges they have read and explained the form to the applicant.

\_\_\_\_\_  
Signature of Agency Staff      Date