



Office of PreK-12 Curriculum and Instruction  
INSTRUCTIONAL SERVICES DEPARTMENT

FAIRFAX COUNTY  
PUBLIC SCHOOLS

FECEP/Head Start Program  
Dunn Loring Center for Parent Services  
2334 Gallows Road  
Room # 200  
Dunn Loring, VA 22027

### Parent Statement Form

Child Applicant's Name \_\_\_\_\_ Child's Birth Date \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

(City)

(State)

(Zip code)

**Parent Statement: (Please print- you may use the back if more space is needed.)**

#### *Statement of Certification*

I understand that as an applicant for this program, I must provide information on my income. I understand that the program staff reserves the right to review this information and to make eligibility determinations for this program. I certify that the information provided is true and accurate to the best of my knowledge. I understand that if I knowingly provide false information, my child may be found ineligible for the FECEP/Head Start program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date