



6 Schoolhouse Rd, Washington, VA 22747

PH: 1.540.227.0023

FAX: 1540.987.8896

Dear Parent/Guardian:

Please find an enclosed/attached application for the Virginia Preschool Initiative (VPI) Program for the 2026-2027 school year. The program is designed to focus on equitable access to education and prepare children for Kindergarten. The program site is Rappahannock County Elementary School.

Students eligible for the VPI program must be residents of Rappahannock County, must be four-years old by September 30, 2026, and meet at least one local or state criteria before they can be considered for the VPI Program. If not a resident, and seeking waiver requirements, please contact Jessica Portillo at the School Board Office.

Below are some qualifiers:

- Meets federal income guidelines
- One or both parents did not complete high school
- Qualifies as homeless
- Child with disabilities or delays who is eligible for special education services under the Individuals with Disabilities Education Act
- Child has endured abuse/trauma
- Child is or was in foster care
- Child has an incarcerated parent
- Child is an English Language Learner
- In Loco Parentis (child is being raised by family other than parents)

Please include copies of the items listed below, as these items are a requirement to be considered for initial enrollment in the program for the 2026-2027 school year.

- ✓ Completed VPI application
- ✓ Certified Copy of Birth Certificate
- ✓ Proof of Residency (lease agreement, utility bill, etc.)
- ✓ Proof of Household Income (Copy of 2024 W-2, paycheck stub, etc.)

- ✓ Up-To-Date Immunization Record
- ✓ School Entrance Health Form (up-to-date Physical), or appointment card
- ✓ Custody paperwork (if applicable)

Applications are due by April 10th. Incomplete or late applications, may result in applicant being placed on the waitlist. Completing the application does not guarantee acceptance into the program.

You will be notified by mail if your child is placed in the preschool program or if your child is placed on the wait list. **Once accepted, there will be an in-person meeting to make sure that all components of the application have been properly verified, and that all required paperwork has been turned in.** VPI acceptance is not established on a first come, first served basis. Children are placed in the program and on the wait list based on their needs.

If you have questions, please contact Tiffany Montague at 540-227-0200.

Rappahannock County Elementary School

VPI PRESCHOOL APPLICATION/Aplicación

SECTION 1: STUDENT INFORMATION/INFORMACIÓN DEL ESTUDIANTE

Full Name of child/Nombre Completo del niño(a) _____ (Please provide birth certificate)/ (Necesitamos la partida de nacimiento) Birthplace/Lugar de nacimiento _____ Date of Birth/Fecha de nacimiento ____/____/____	<input type="checkbox"/> Male/Masculino <input type="checkbox"/> Female/Femenina Race/Raza <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian/Pac Islander <input type="checkbox"/> other Hispanic: <input type="checkbox"/> Yes/SI <input type="checkbox"/> No/No Primary Language Spoken in home/Idioma principal hablado en casa: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	Household income (gross)/Ingresos \$ _____/month/Mensual or \$ _____/year/anual **Please provide proof of income (W2, Pay stub)/Por favor proveer prueba de ingresos, (W2, Talón de pago)
Does child have any allergies?/¿Su hijo(a) padece de alergias? <input type="checkbox"/> Yes/SI <input type="checkbox"/> No/No If so, please explain/Si es así, por favor explique _____		

SECTION 2: PARENT/GUARDIAN INFORMATION/INFORMACIÓN DEL PADRE/MADRE/TUTOR

Mother/Legal Guardian Name/Nombre de la madre/Guardián legal _____ Does this guardian live with the student?/¿Este tutor vive con el/la estudiante? <input type="checkbox"/> Yes/SI <input type="checkbox"/> No/No Active military/Militar activo <input type="checkbox"/> Yes/SI <input type="checkbox"/> No/No	Father/Legal Guardian Name/Nombre del padre/Guardián legal _____ Does this guardian live with the student?/¿Este tutor vive con el/la estudiante? <input type="checkbox"/> Yes/SI <input type="checkbox"/> No/No Active military/Militar activo <input type="checkbox"/> Yes/SI <input type="checkbox"/> No/No
Relationship to child/Relación al niño <input type="checkbox"/> Parents/Padres <input type="checkbox"/> Grandparents/Abuelos <input type="checkbox"/> Foster Parents/Padres de crianza <input type="checkbox"/> Other relative/Otros familiares <input type="checkbox"/> Person having legal custody/guardianship/Personas que tiene custodia legal	
Living status of child/Estado domiciliar del niño/niña: <input type="checkbox"/> Own/Casa propia <input type="checkbox"/> Rent/Alquilar <input type="checkbox"/> Motel/Motel <input type="checkbox"/> Shelter/Refugio <input type="checkbox"/> Camper/Casa rodante <input type="checkbox"/> Rental Assistance/Asistencia de alquiler <input type="checkbox"/> Living with friends/family due to economic hardship/Viviendo con amigos/familia debido a dificultades económicas	
Mailing/Street Address/Dirección física/ actual _____ _____ City, State, Zip Code/Ciudad, Estado y Código postal	Mailing/Street Address/Dirección física /actual _____ _____ City, State, Zip Code/Ciudad, Estado y Código postal
Mother/Guardian's email address/Dirección de correo electrónico de la madre/guardián legal	Father/Guardian's email address/Dirección de correo electrónico del padre/guardián legal
Mother/Guardian's phone number/Número de teléfono de la madre/guardián legal: _____	Father/Guardian phone number/Número de teléfono del padre/guardián legal: _____

SECTION 3: EMERGENCY CONTACTS/CONTACTOS DE EMERGENCIA

EMERGENCY CONTACT #2 name, address, telephone number (other than parents)/CONTACTOS DE EMERGENCIA
 Nombre, dirección, número de teléfono (que no sean los padres)

EMERGENCY CONTACT #2 name, address, telephone number (other than parents)/CONTACTOS DE EMERGENCIA
 Nombre, dirección, número de teléfono (que no sean los padres)

SECTION 4: CHILD BACKGROUND/ANTECEDENTES INFANTILES

Please indicate any of the following services your child is receiving/Por favor indique cualquiera de los siguientes servicios que su hijo está recibiendo:

Does your child have an IEP?/¿Su hijo(a) tiene un IEP (Programa de Educación Individualizado)? **Yes/SI** **No/No**

Vision/Vista **Yes/SI** **No/No** **Hearing/Oír** **Yes/SI** **No/No**

Developmental/ Retraso del Desarrollo **Yes/SI** **No/No**

Occupational Therapy/Physical Therapy/Terapia ocupacional/fisioterapia **Yes/SI** **No/No**

Speech/Language/Habla/Lenguaje **Yes/SI** **No/No**

Other/Otra (Specify-Especificar): _____

Do you have any concerns about your child 's development or speech/language?/¿Tiene alguna inquietud sobre el desarrollo o el habla/lenguaje de su hijo? **Yes/SI** **No/No**

Describe your concern if you have one (add a page, if needed)/Describa su inquietud si la tiene (agregue una página, si es necesario):

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Is your child fully potty trained? (This is not a requirement)/¿Su hijo(a) está completamente entrenado para ir al baño? (Esto no es un requisito) **Yes/SI** **No/No**

SECTION 5: HOUSEHOLD/FAMILIAR

Please include everyone in the house (including parents and children)/Incluya a todos en la casa (incluidos padres e hijos)

Name/Nombre	Birthdate/ Fecha de nacimiento	Male/Female Masculino/ Femenina	Where do you work?/¿Dónde trabaja?	Employer telephone #/ Número de teléfono del empleador	Highest level of Education/Último grado de la escuela

SECTION 6: FAMILY CHARACTERISTICS/CARACTERÍSTICAS FAMILIARES

We have limited space; Placement is offered based on highest needs/Tenemos espacio limitado; La colocación se ofrece en función de las necesidades más altas.

<input type="checkbox"/> Incarcerated parent/ Padre encarcelado <input type="checkbox"/> Parent loss by death/ pérdida del padre por muerte	<input type="checkbox"/> Prior or current Head Start <input type="checkbox"/> VPI <input type="checkbox"/> Special Education/ Head Start, VPI o Educación Especial anterior o actual
Child <input type="checkbox"/> is <input type="checkbox"/> was in foster care/El niño está o estaba en cuidado de crianza	<input type="checkbox"/> Parent did not complete High School/ El padre no completó la escuela secundaria
<input type="checkbox"/> Prior or current CPS (Child Protective Services) involved <input type="checkbox"/> <i>CPS (Servicios de Protección Infantil) anteriores o actuales involucrados</i>	<input type="checkbox"/> Domestic violence (parent to parent, parent to child, child to child)/Violencia doméstica (de padre a padre, de padre a hijo, de niño(a) a niño(a))
<input type="checkbox"/> Child has been abused (sexually, physically or emotionally)/Niño ha sido abusado (sexual, física o emocionalmente)	<input type="checkbox"/> Significant behavior/ Comportamiento significativo <input type="checkbox"/> ADHD/ADHD <input type="checkbox"/> special dietary needs/ necesidades dietéticas especiales, <input type="checkbox"/> on prescription medications/medicamentos recetados.
Do you have transportation available to take your child to and from school?/¿Tiene transporte disponible para llevar y traer a su hijo a la escuela? <input type="checkbox"/> Yes- SI <input type="checkbox"/> No	<input type="checkbox"/> Family member with a chronic illness (physical, mental, emotional, substance abuse/addiction) Who? What?/Miembro de la familia con una enfermedad crónica (física, mental, emocional, abuso de sustancias/adicción) ¿Quién y qué indica enfermedad?
Check all that apply/ Marque todo lo que corresponda Receiving benefits/Beneficios que recibe <input type="checkbox"/> TANF/Asistencia Temporal para Familias Necesitadas. <input type="checkbox"/> Medicaid <input type="checkbox"/> FAMIS/Seguro Médico <input type="checkbox"/> Food Stamps/Cupones de alimento <input type="checkbox"/> SSI/Programa de Seguridad Suplementaria del Ingreso <input type="checkbox"/> WIC/Nutrición Suplementaria para Mujeres, Bebés y Niños <input type="checkbox"/> Child Support/Manutención <input type="checkbox"/> Unemployment/Desempleo <input type="checkbox"/> Rental assist/Asistencia del alquiler	The following documents are needed to process your application/ Se necesitan los siguientes documentos para procesar su solicitud: <ul style="list-style-type: none"> ● Proof of residency/Prueba de residencia ● Child's Birth certificate/Partida de nacimiento ● Copy of Parent/Guardian's Identification/Copia de la identificación del padre/madre/tutor ● Income verification/Verificación de ingresos ● Immunization Records/Registros de vacunación ● VA School Entrance Health Form/Formulario de información médica/Examen físico/Certificación de vacunación

I understand this is an application ONLY and does not guarantee enrollment in the program. I also understand that I MUST keep VPI/HeadStart informed of any changes of address or phone number. I declare that I have given complete, accurate, and truthful information and certify that the documents and information that I have provided concerning eligibility are accurate to the best of my knowledge.

Entiendo que esta es ÚNICAMENTE una solicitud y no garantiza la inscripción en el programa. También entiendo que DEBO mantener informado a VPI/Head Start sobre cualquier cambio de dirección o número de teléfono. Declaro que he proporcionado información completa, precisa y veraz y certifico que los documentos y la información que he proporcionado sobre la elegibilidad son precisos a mi leal saber y entender.

- If you check this box you DO NOT want information shared with other programs that may assist you or your child.
- Si marca esta casilla, NO desea que se comparta información con otros programas que puedan ayudarlo a usted o a su hijo.

Please return this application to: Jessica Portillo at the School Board Office

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Signature/Firma

Date/Fecha