



Bledsoe County Schools
PRE-K

REGISTRATION



**If you have questions, please contact Kristy Walker
at the Board of Education**

423-447-2914

kristywalker@bledsoecountyschools.org

BRING THE FOLLOWING

- A child who will be 4 years old by August 15th. (Children who will be 3 by August 15th can register too, but 4-year-olds will be accepted first)
 - Proof of Residency (gas, water, electric bill)
 - Certified Copy of Birth Certificate
- Record of Physical (Must be within the last year)
 - Immunization Record
 - Social Security Number

PLEASE NOTE

Four-year-old students who meet the income-eligibility guidelines will be accepted into the program first. After the 20th day of school and if spots are available, over income students and 3-year-olds will be accepted based on need.



For Office Use Only
Please Circle One
Income Eligible: Yes / No
<small>If yes, and enrolled, student should be classified as (L) in student information system</small>

2023-2024

Application to Determine Income Eligibility for the Voluntary Pre-K Program

Completion of this form **DOES NOT** qualify your child for the Free or Reduced Meal Program.
 this application is not a guarantee of acceptance into the VPK program.

Submission of

Name of Student: _____ Date of Application: _____

SSN of Student: _____ Date of Birth of Student: _____

Name of Applicant: _____ Relationship to Student: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: () _____ Work Phone #: () _____ Cell Phone #: () _____

Part A - Family Information

Please list information for all other household members

Section 1

Name(s) of ALL OTHER CHILDREN in the Household	Date of Birth	School	Grade
1.			
2.			
3.			
4.			
5.			

Section 2

Name(s) of ALL OTHER ADULTS in the Household	Relationship to Student
1.	
2.	
3.	
4.	
5.	

Total # of household members: _____

Part B - Program Participation

Please check (✓) if Child /Family /Household member provides documentation of participation, in one or more of the following programs, currently or during past school year (*Documentation required-See Part D).

(✓)	Early Head Start	(✓)	Foster Care	(✓)	Migrant	(✓)	Families First (TANF)	Case #
	Head Start		Homeless		Food Stamps / EBT			

Part C - Total Household Income

Please list ALL INCOME of all household family members and how often income is received.

Any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal.

Income Instructions

From the list below, please write the Source of Income Code in the space provided to indicate the source(s) of income for each earning individual in the household. Also, please write the Monthly Payment or Wage Amount. Multiply the Payment or Wage amount by the number months you received the income and then calculate the Amount and the Total Annual Income.

Source of Income Codes

A. GROSS work income	D. Pension(s)	G. Veteran's Benefits	J. SSI Disability
B. Unemployment	E. Retirement	H. Child Support	K. Other - please list ↓
C. Workman's Comp	F. Social Security	I. Alimony	

Name of Adult	Employer (if applicable)	Source of Income Code (See list above)	Monthly Payment or Wage Amount	Multiplied by (X)	How many months did you receive this income in the last year?	Total Amount
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
Total Annual (Yearly) Income						\$ -

Part D - INCOME VERIFICATION

Please check (✓) all documents submitted as Proof of Income or Program Participation.

Pay Stub / Verification of pay by employer	Retirement Documentation	Foster Care Reimbursement
W-2 Form	Social Security	SSI Documentation
Income Tax Form 1040A or 1040	Veteran's Benefit Letter	TANF Documentation
Unemployment Compensation	Child Support	AFDC / Public Assistance Payment
Workman's Compensation Documentation	Alimony Documentation	TennCare Verification
Pension Stubs	Other (Specify): →	

I certify that the above information in this application is correct. I further understand that any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal from Tennessee's Voluntary Pre-K Program.

Printed Name of Applicant: _____ SSN #: _____
 Signature of Applicant: _____ Date: _____

Name and Signature of LEA employee reviewing this application

I certify that I have examined the above income documentation and verification information. Completed
 forms must be maintained in accordance with FERPA.

Printed Name / Title of LEA employee: _____
 Signature of LEA employee: _____
 Date Reviewed by LEA employee: _____

Bledsoe County Pre-K Background Information

Name: _____ Birthdate: _____

Child is currently living with (Check all that apply): Natural mother and natural father Natural mother Natural father Grandparent Step-parent Other relative, specify: _____
 Foster Parent Boyfriend/girlfriend of parent Homeless

Total number of people in household? _____

Does your child receive books from **Imagination Library** (Dolly Parton)? Yes No

Did your child receive services from Tennessee Early Intervention Program (TEIS)? Yes No

Do you or your child receive SSI (Social Security Income)? Yes No

Does your family receive food stamps? Yes No If Yes: Case # _____

Does your child have a parent who has been killed in war or missing in action? Yes No

Transportation Plan for Child: Ride bus _____ Parent Transport: _____ Unsure: _____

Are there any short term family crisis currently occurring with your family? Yes No
If so, what are they? (Examples might be recent death of a family member, loss of job, recent divorce)

Are there any long term crisis conditions present in the family? Yes No
(Examples might include a chronic mental or physical illness or a disabled family member.)

Developmental History:

Health problems during pregnancy: _____

Premature? Yes No Birthweight? _____

Has the child had health problems resulting in hospitalization? Yes No

If yes, describe: _____

Has the child ever had a serious head injury? Yes No If yes, describe:

Has the child had chronic ear infections? Yes No Have tubes been inserted? Yes No

Has the child had problems with vision or need glasses? Yes No

Does the child have allergies? Yes No If so, what? _____

food allergies seasonal allergies asthma other

(If your child has food allergies, we must have documentation from an allergy specialist in order to make accommodations.)

Please check any behavioral problems you have with your child:

- | | |
|--|---|
| <input type="checkbox"/> Too active | <input type="checkbox"/> Under active/sits around too much |
| <input type="checkbox"/> Poor attention span | <input type="checkbox"/> Goes from one activity to another |
| <input type="checkbox"/> Wets the bed | <input type="checkbox"/> Has urine/bowel accidents during the day |
| <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Stares off into space |
| <input type="checkbox"/> Has temper tantrums | <input type="checkbox"/> Acts like a younger child |
| <input type="checkbox"/> Doesn't care for own needs | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Complains about health | <input type="checkbox"/> Needs too much help with dressing, hygiene |
| <input type="checkbox"/> Can't entertain self | <input type="checkbox"/> Has few or no friends |
| <input type="checkbox"/> Has poor social skills | <input type="checkbox"/> Fights and argues |
| <input type="checkbox"/> Poor eye contact | <input type="checkbox"/> Stays isolated, doesn't socialize |
| <input type="checkbox"/> Bullys other children | <input type="checkbox"/> Gets obsessed with certain interests |
| <input type="checkbox"/> Refuses to comply with requests | <input type="checkbox"/> Eats too much or too little |
| <input type="checkbox"/> Seems sad | <input type="checkbox"/> Says "I hate myself" |
| <input type="checkbox"/> Is rude and ungrateful | <input type="checkbox"/> Makes threats against others |
| <input type="checkbox"/> Hits self, hurts self | <input type="checkbox"/> Whines, clings and cries |

Is there any additional information you would like to share about your child?

Transportation Information

Child's Name:

School Name:

Does your child have any siblings who currently ride a bus? Yes No

If yes, what bus does the sibling ride? Bus # _____

Will your child ride the bus in the morning? Yes No

If yes, pick-up address for morning:

Will your child ride the bus in the afternoon? Yes No

If yes, drop-off address for afternoon:
