



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>

2022-2023

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

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).

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

***If submitting proof of qualifying for any of the above programs, you do NOT need to complete Part C.**

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

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: _____