

DATE OF APPLICATION: _____ TIME OF APPLICATION: _____ a.m./p.m.

IF YOUR CHILD TURNS 5 YEARS OLD BEFORE AUGUST 15, HE/SHE IS NOT
ELIGIBLE FOR PRESCHOOL

Child's Name: _____ Brigrance Score: _____

Preschool Checklist

- Verification of Income
- Birth Certificate
- Proof of Residency
- Current Physical Dr. Appt. Date: _____
- Social Security Card
- Immunization Record

This form is an application only. Completing this form does not
guarantee that this child will be admitted into the program. First priority is
given to those children who are economically disadvantaged.



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

2023-2024

**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: _____ County: _____

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: _____

School Requested: First Choice: _____ Second Choice: _____

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.

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: _____

Franklin County Schools Student Data/Enrollment

School _____	Enrollment Date _____	Grade _____
Last Name _____	First Name _____	Middle Name _____
Birth Date _____	Age _____	Gender <i>M</i> or <i>F</i> Social Security _____ - _____ - _____
Ethnicity (Circle one.) <i>Hispanic</i> <i>Non-Hispanic</i> Race (Circle all that apply.) <i>White</i> <i>Black</i> <i>Hispanic</i> <i>Indian</i> <i>Asian</i> <i>Pacific Islander</i>		
Date entered US Schools _____		US Citizen <i>Y</i> or <i>N</i>
Birth City _____	Birth County _____	Birth State _____ Birth Country _____
Home Language _____	Primary Language _____	Limited English Proficient <i>Y</i> or <i>N</i>
Last School Attended _____		Date Withdrawn _____
Last School Attended Address Street _____	City _____	State _____ Zip _____ Phone _____
Student resides with _____ Relation _____ Legal Guardian <i>Y</i> or <i>N</i>		
Mother's Full Name _____		Maiden Name _____ Language <i>English</i> or <i>Non-English</i>
Residence (911 Address) _____		City _____ Zip _____
Mailing Address _____		City _____ Zip _____
County _____	Email Address _____	Can pick up student at school <i>Y</i> or <i>N</i>
Home Phone _____	Cell Phone _____	Work Phone _____
Employer _____		Employment Address _____
Father's Full Name _____ Language <i>English</i> or <i>Non-English</i>		
Residence (911 Address) _____		City _____ Zip _____
Mailing Address _____		City _____ Zip _____
County _____	Email Address _____	Can pick up student at school <i>Y</i> or <i>N</i>
Home Phone _____	Cell Phone _____	Work Phone _____
Employer _____		Employment Address _____
<i>A copy of the legal court order regarding child's custody must be on file at current school if student does not reside with both parents. A legal custody order is required from any guardian other a parent.</i>		
Guardian's Full Name _____ Language <i>English</i> or <i>Non-English</i>		
Residence (911 Address) _____		City _____ Zip _____
Mailing Address _____		City _____ Zip _____
County _____	Email Address _____	
Home Phone _____	Cell Phone _____	Work Phone _____
Employer _____		Employment Address _____

Mode of Transportation (Circle) *Private Automobile* or *School Bus*

The following persons have permission to pick up or check out student from school. Proof of identification will be required.

Full Name	Relationship to Student	Address	Phone #

List any restrictions in regard to pick up rights for student _____

Parent/Legal Guardian signature _____ Date _____

Student Residency Questionnaire
This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435.

1. Is your current address a temporary living arrangement? Yes or No

2. Is this temporary living arrangement due to loss of housing or economic hardship? Yes or No

If you answered YES to the above questions, please provide the following information:

3. Where does your child stay at night? (Please check one)

- Home/apartment owned or rented by the parent(s)/guardian(s)
- With a relative or friend (family does not have residence)
- In a shelter
- In a motel
- In an automobile
- A campsite
- In housing that is inadequate (i.e. no electricity, running water, etc.)
- Other housing (please explain): _____

4. Do you currently have pre-school children not enrolled in school? Yes or No

If yes, please list their names and ages: _____

Presenting a false record or falsifying records is an offense under Section 37-0, Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec.25.002(3)(d).

Parent/Legal Guardian signature _____ Date _____