



PreK Application

Students must be 4 years old on or before August 15, 2025 to enroll.

PreK Registration will be held at
schools with PreK classrooms on March 7, 2025 from 1:00-3:00

The following items will be needed to register:

- _____ Child's birth certificate
- _____ Child's Social Security card (if available)
- _____ Child's up to date Tennessee physical/immunization record
- _____ Parent/Guardian photo ID
- _____ Proof of legal guardianship if not the parent
- _____ Proof of Hamblen County residency
(mortgage statement, rental agreement, utility bill, etc)
- _____ Proof of income if applying for VPK/Scholarship classes
(current paystub, W-2/income tax return, or SNAP/TANF#, etc)

Please Note - Students enrolling after the registration date will need to turn in completed applications to the school they would like to attend.



PreK Locations

**Fairview
Hillcrest
Lincoln Ele
Manley
Russellville
Union Heights
West Ele
Witt**

PreK Enrollment Information
25-26 School Year

Pre-K 1st Choice _____ Pre-K 2nd Choice _____ Pre-K 3rd Choice _____

First Name _____ Middle Name _____ Last Name _____

Birth Date _____ Age _____ Gender ☐ M or ☐ F Social Security # (if available) _____ - _____ - _____

Race (mark all that apply) ☐ White ☐ Black or African American ☐ American Indian or Pacific Islander
☐ Asian ☐ Native Hawaiian or Other Pacific Islander

Is the child Hispanic/Latino? ☐ Yes or ☐ No

Home Language _____ Primary Language _____ Limited English Proficient ☐ Y or ☐ N

Where does your child currently stay at night? ☐ Home or apartment owned or rented by the parent/guardian
☐ Automobile ☐ Campsite ☐ Housing that is inadequate (no electricity, running water, etc)
☐ Shelter ☐ Hotel/Motel ☐ Temporarily living with relative/friend

Mark any that apply ☐ Foster Care ☐ Migrant ☐ 504 Plan ☐ Individualized Education Plan (IEP)

Does your child have a diagnosed disability? ☐ Yes or ☐ No If Yes, what type _____

IEP from Local Education Association? ☐ Yes or ☐ No IEP attached? ☐ Yes or ☐ No

Has your child ever attended any of the following? ☐ Head Start ☐ Private Day Care ☐ Family Childcare
☐ Private/Public Preschool ☐ Mother's Morning/Day Out

Name of Previous School(s) or Preschool(s) attended: _____

Parent/Guardian #1 Name _____

Relationship _____ Lives with Student? ☐ Yes or ☐ No

Primary Language _____ Active Military/Reserves/National Guard ☐ Yes or ☐ No

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer Name _____ Employer Address _____

Email Address _____

Parent/Guardian #2 Name _____

Relationship _____ Lives with Student? ☐ Yes or ☐ No

Primary Language _____ Active Military/Reserves/National Guard ☐ Yes or ☐ No

Physical Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer Name _____ Employer Address _____

Email Address _____

A copy of the legal court order regarding child's custody must be on file at current school if the student does not reside with both parents. A legal custody order is required from any guardian other than a parent.

Date/Time Received _____

**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

2025-2026**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.

Submission of this application is not a guarantee of acceptance into the VPK program.

Name of Student: _____ Date of Application: _____

SSN of Student (optional): _____ 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			

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: _____