

Cumberland County Schools **Preschool Application**

The following documents are required unless the enrolling student is in state custody or is experiencing homelessness:

- Preschool application with proof of income
- Birth certificate or other official records of birth
- Current immunization record
- Current physical examination
- One proof of residency dated within the past two months stating the name of the parent/legal guardian and the address of residence. Acceptable forms of proof of residency include:
 - Option 1: Copy of signed lease agreement or mortgage statement
 - Option 2: Utility bill (i.e., electric, water, gas, or sewer)
 - Option 3: Bank or credit card statement
 - Option 4: Paystub
 - Option 5: Voter Registration or some type of legal mail

Please note:

- **Completing this application does not qualify your child for the Free or Reduced Meal Program.**
- **Submission of this application does not guarantee acceptance into the Voluntary Pre-K (VPK) Program.**
- **Refusal to provide income does not prevent provision of special education services.**

Cumberland County School Pre-K Student Enrollment Form

Pre-K in Cumberland County is a voluntary program and grant funded. Preliminary acceptance is based on income eligibility.

Has the student ever attended a Cumberland County School? No Yes-Where:

Last Name	First Name	Middle Name	Suffix
Preferred Name	Date of Birth	Mother's Maiden Name	Gender Male or Female
Place of Birth (County, City, State, Country)			
U.S. Entry Date		First Date in the U.S. Schools	
What is the primary language spoken in your home?		Student is Hispanic / Latino? Yes No	
Race: American Indian or Alaskan Native ~ Asian ~ Black or African American ~ Pacific Island/Hawaiian ~ White			
Has the student ever been evaluated for special education? No Yes(select all that apply) Individualized Education Plan (IEP) ~ 504 Plan ~ Speech ~ Gifted			
Other Information(as applicable) (select all that apply) Foster Care ~ Migrant			
Has your child ever attended one of the following? (select all that apply) Head Start ~ Early Head Start ~ Family Childcare ~ Mother's Morning Out ~ Private Daycare ~ Private/Public ~ Preschool			
Previous School Attended	Address	Telephone	Years Attended
Does the student have any of the following Allergies: _____ Medical Alerts: _____ Medications: _____			
Physician's Name: Physician's Office Number:			
Where does your child currently stay at night? Please circle the apparent one. ~ Home/apartment owned or rented by guardians ~ Hotel/Motel ~ Shelter ~ Unsheltered(Campsite, Car, Park, etc) ~ DoubledUp-Temporarily living with a relative/friend ~ Housing that is inadequate (no electricity, running water, etc.)			

Does the student have siblings currently attending a school in Cumberland County? Yes or No

	Name(s) of All Other Children in the Household	Date of Birth	School	Grade
1				
2				
3				
4				
5				

Legal Alert: IMPORTANT!!

List all persons with whom your child cannot leave. Note: Proper legal documents must be provided to support this area.

Student Resides With

Both Parents in One Residence
 Mother and Father Equally in Separate Residences
 Legal Guardian, Relationship _____
 Mother
 Father
 Mother/Stepfather
 Father/Stepmother
 Other: _____

Family #1 (Primary Residence)

Guardian #1 - Name	Relationship to Student	Primary #	Email Address
Guardian #2 - Name	Relationship to Student	Cell #	Email Address
Primary Address (Street, City, State, Zip Code)			
Guardian #1 Employer	Occupation	Work #	Work Hours
Work Address (Street, City, State, Zip Code)			
Guardian #2 Employer	Occupation	Work #	Work Hours
Work Address (Street, City, State, Zip Code)			

Family #2 (if applicable)

Guardian #1 - Name	Relationship to Student	Primary #	Email Address
Guardian #2 - Name	Relationship to Student	Cell #	Email Address
Address (Street, City, State, Zip Code)			
Guardian #1 Employer	Occupation	Work #	Work Hours
Work Address (Street, City, State, Zip Code)			
Guardian #2 Employer	Occupation	Work #	Work Hours
Work Address (Street, City, State, Zip Code)			

Emergency Contact Information ~ You are giving permission for them to pick up your child.

Name	Relationship	Primary #	Work #
Address (Street, City, State, Zip Code)			

Name	Relationship	Primary #	Work #
Address (Street, City, State, Zip Code)			

Name	Relationship	Primary #	Work #
Address (Street, City, State, Zip Code)			

In case of emergency (accident, injury, illness, etc.) and the parent(s) or legal guardian can not be reached, school personnel are hereby authorized to take whatever action is deemed necessary for the health and well-being of my child. I will not hold the school district financially responsible for the emergency care and/or transportation for my child.

A person who knowingly falsified a form required for a student's enrollment in Cumberland County Schools shall be liable to the district if the student is not eligible for enrollment, but is enrolled based on false information. For the period during which the student is enrolled, the person is liable for the maximum tuition fee that the district has in effect at the time, or the amount that the district has budgeted per student as maintenance and operating expenses, whichever is greater.

Having read and understood the above notice, I certify that I am the parent, guardian, or person having lawful control of the student named on this enrollment form. I further certify that we are residents of Cumberland County or the parents of an open enrollment student at the above address and that this student, in my charge, meets all other qualifications for admission.

Parent or Guardian Signature: _____ Date: _____

Due to the potential of child abductions and custody disputes, the office must know the current legal status of your child's guardianship. If there is a guardianship issue concerning your child, the school requires a copy of the court order that explains the rights of the custodial and noncustodial parent. Any other instructions should be in writing. Thank

you for your cooperation.

Section 2: Name(s) of All Adults in the Household		Relationship to Student
1.		
2.		
3.		
4.		

Total Number of Household Members: _____

Part B: Program Participation

Please check (✓) if a child, family, or household member participates in one or more of the following programs, currently or during the past school year. Documentation is required (See Part D.)

✓	Program	✓	Program	✓	Program	✓	Program
	Early Head Start		Foster Care		Migrant		Supplemental Nutrition Assistance Program (SNAP)
	Head Start		Homeless		Families First (TANF)		SNAP/TANF Case Number:

Part C: Total Household Income

Please list ALL INCOME of household family members and how often income is received. Any falsification of information concerning income, residency, 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 of months that you receive the income and then calculate the Amount and the Total Annual income.

Source of Income Codes			
A. GROSS Work Income	D. Pensions	G. Veteran's Benefits	J. Alimony
B. Unemployment	E. Retirement	H. Child Support	K. Other (must list)

C. Workman's Comp		F. Social Security Benefits		I. SSI Disability		
Name of Adult	Employer (if applicable)	Source of Income Code	Monthly Payment or Wage Amount	Multiply by (x)	How many months did you receive this income in the last year?	Total Amount
			\$	x		\$
			\$	x		\$
			\$	x		\$
			\$	x		\$

Total Annual (Yearly) Income: _____

Part D: Income Verification

Please check (✓) all documents that have been provided as Proof of Income

	Pay Stub / Verification of pay by employer		W-2 Form		Supplemental Nutrition Assistance Program (SNAP)
	Foster Care Reimbursement		Social Security Benefits		Child Support
	Income Tax Form 1040A or 1040		Veterans Benefit Letter		Temporary Assistance for Needy Families (TANF) Documentation
	Unemployment Compensation		Pension Stubs		Alimony Documentation
	Workman's Compensation Documentation		SSI Documentation		Retirement Documentation

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: _____

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: _____

For Office Use Only
Please Circle One
Income Eligible: Yes / No
Parent Notified: Yes / No
Parent informed after approval to complete Skyward Enrollment: Yes / No