

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: _____ Brigance Score: _____

Preschool Checklist

- Verification of Income
- Birth Certificate
- Proof of Residency
- Current Physical Dr. Appt. Date: _____
- 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

2026-2027

Universal 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: _____

Preferred Name 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 #: () _____

Name of previous daycare: _____ Address: _____ Phone #: _____ No. of Yrs. Attended: _____

My Child Has an Individualized Education Plan (IEP) Yes _____ No _____ My Child Has a 504 Plan Yes _____ No _____

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.	

Total # of household members: _____

1st Choice School: _____ 2nd Choice School: _____

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.**

**

**** ONLY FILL OUT PRINTED NAME OF APPLICANT, APPLICANT SIGNATURE, & TODAY'S DATE. THE TEACHER WILL FILL OUT 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: _____
 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 _____

Student resides with _____ Relation _____ Legal Guardian Y or N

Birth Date _____ Age _____ Gender M or F

Ethnicity (Circle one.) *Hispanic Non-Hispanic* Race (Circle all that apply.) *White Black Indian Asian Pacific Islander*

Date entered US Schools _____ US Citizen Y or N

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

Last School Attended _____ Date Withdrawn _____

Last School Attended Address Street _____ City _____ State _____ Zip _____ Phone _____

Mother's Full Name _____ Maiden Name _____

Language *English or Non-English* Active Military Y or N Active Member of Reserves Y or N Active Member of Guard Y or N

Residence (911 Address) _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

County _____ Email Address _____ Can pick up student at school Y or N

Primary Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Employment Address _____

Number you preferred to be notified by Emergency Notification System (School Messenger) _____

Father's Full Name _____

Language *English or Non-English* Active Military Y or N Active Member of Reserves Y or N Active Member of Guard Y or N

Residence (911 Address) _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

County _____ Email Address _____ Can pick up student at school Y or N

Primary Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Employment Address _____

Number you preferred to be notified by Emergency Notification System (School Messenger) _____

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.

Guardian's Full Name _____

Language *English or Non-English* Active Military Y or N Active Member of Reserves Y or N Active Member of Guard Y or N

Residence (911 Address) _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

County _____ Email Address _____

Primary Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Employment Address _____

Number you preferred to be notified by Emergency Notification System (School Messenger) _____

Student Name _____

Grade _____

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

The following persons have permission to pick up or check out this 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 _____

Code of Conduct— The *Code of Conduct* for the Franklin County School System is available online on our website – fcstn.net under the tab 'Parents/Students'. The *Code of Conduct* contains the expected standards of student behavior, the consequences of the failure to obey such standards, as well as other legal notices. Your signature is legally binding in that it indicates that you know that you are responsible for the contents of the *Code of Conduct*, including the *Acceptable Use Policy* (Use of Internet, Section XII), that you have read the same, and that both you and your child are aware of the contents thereof.

Parent/Legal Guardian Signature _____ Date _____

Student Residency Questionnaire

*This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435.
Student Social Security Number is not required for enrollment.*

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: _____

5. Do you have reliable internet at home? _____ If yes, who is the provider? _____

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 _____

Caregiver Input for Preschool-Age Children

Child's Name: _____ School: _____ Date: _____

Caregiver Name: _____ Relationship to Child: _____

Please write any additional information on the back of the form or an attached piece of paper.

1. What do you feel are the strengths of your child?

- | | | |
|---|--|---|
| <input type="checkbox"/> Tries new things | <input type="checkbox"/> Has a sense of humor | <input type="checkbox"/> Has neat ideas |
| <input type="checkbox"/> Says "please" and "thank you" | <input type="checkbox"/> Speaks clearly | <input type="checkbox"/> Likes books |
| <input type="checkbox"/> Adjusts well to changes in routine | <input type="checkbox"/> Has positive feelings | <input type="checkbox"/> Is happy |
| <input type="checkbox"/> Puts toys away when asked | <input type="checkbox"/> Understands what is said | <input type="checkbox"/> Likes music |
| <input type="checkbox"/> Offers to help others | <input type="checkbox"/> Listens attentively | <input type="checkbox"/> Admits mistakes |
| <input type="checkbox"/> Asks for help when needed | <input type="checkbox"/> Smiles at people | <input type="checkbox"/> Is proud of self |
| <input type="checkbox"/> Separates easily from parent | <input type="checkbox"/> Adjusts well to different people | <input type="checkbox"/> Keeps trying |
| <input type="checkbox"/> Follows safety rules | <input type="checkbox"/> Shows concern for someone who is crying | <input type="checkbox"/> Solves problems by talking rather than hitting, pushing, biting, screaming, etc. |
| <input type="checkbox"/> Maintains eye contact | | |

Other strengths: _____

2. What areas do you feel your child has a need to improve?

- | | | |
|---|--|---|
| <input type="checkbox"/> Eats things that are not food | <input type="checkbox"/> Is easily distracted | <input type="checkbox"/> Does not listen well |
| <input type="checkbox"/> Acts without thinking | <input type="checkbox"/> Has toileting accidents | <input type="checkbox"/> Climbs on things |
| <input type="checkbox"/> Does not adjust well to change | <input type="checkbox"/> Is critical about self | <input type="checkbox"/> Does not sleep well |
| <input type="checkbox"/> Does not help with simple tasks | <input type="checkbox"/> Has difficulty making friends | <input type="checkbox"/> Does not smile |
| <input type="checkbox"/> Is nervous/anxious | <input type="checkbox"/> Tries to hurt self | <input type="checkbox"/> Screams |
| <input type="checkbox"/> Is overly active | <input type="checkbox"/> Needs a lot of supervision | <input type="checkbox"/> Has many fears |
| <input type="checkbox"/> Does not ask for help | <input type="checkbox"/> Gives up easily | <input type="checkbox"/> Cries easily |
| <input type="checkbox"/> Spills food or drink when eating | <input type="checkbox"/> Is difficult to understand | <input type="checkbox"/> Has tantrums |
| <input type="checkbox"/> Needs very simple directions | <input type="checkbox"/> Falls and hurts self frequently | <input type="checkbox"/> Is easily distracted |
| <input type="checkbox"/> Struggles to finish tasks | <input type="checkbox"/> Has difficulty making decisions | <input type="checkbox"/> Stutters |
-
- | | |
|--|--|
| <input type="checkbox"/> Complains about health (headaches, stomachaches) | <input type="checkbox"/> Uses physical aggression to solve problems |
| <input type="checkbox"/> Does not separate easily from parent | <input type="checkbox"/> Wanders away from public places |
| <input type="checkbox"/> Does not adjust well to different people | <input type="checkbox"/> Has difficulty transitioning between activities |
| <input type="checkbox"/> Has difficulty maintaining eye contact | <input type="checkbox"/> Prefers to be alone much of the time |
| <input type="checkbox"/> Gets frustrated when he/she cannot do something quickly | |

Other areas to improve: _____

3. What are your child's favorite activities or special interests?

- | | | | |
|-----------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Music | <input type="checkbox"/> Coloring/Drawing | <input type="checkbox"/> Telling/Listening to stories | <input type="checkbox"/> Vehicles |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Building structures | <input type="checkbox"/> Remembering information | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Dress up | <input type="checkbox"/> Working puzzles | <input type="checkbox"/> Playing board/card games | <input type="checkbox"/> Animals |
| | | <input type="checkbox"/> Likes music | |

Other favorite activities or special interests: _____

4. Please respond to the following:

Does your child ask questions?	YES	NO
Is your child able to speak in clear sentences?	YES	NO
Does your child respond appropriately to yes and no questions?	YES	NO
Do you have any speech and/or language concerns for your child?	YES	NO
Do you have any hearing concerns for your child?	YES	NO
Do you have any mobility/movement concerns for your child?	YES	NO

How does your child typically communicate?

5. Please circle the appropriate answer for the following questions about your child's skills.

Uses the bathroom	INDEPENDENTLY	WITH HELP	NOT YET
Washes and dries hands	INDEPENDENTLY	WITH HELP	NOT YET
Puts on & takes off coat	INDEPENDENTLY	WITH HELP	NOT YET
Drinks from an open lid cup	INDEPENDENTLY	WITH HELP	NOT YET
Feeds self with utensils	INDEPENDENTLY	WITH HELP	NOT YET
Waits patiently for your attention	INDEPENDENTLY	WITH HELP	NOT YET
Follows simple directions	INDEPENDENTLY	WITH HELP	NOT YET
Entertains self, at least 5 minutes	INDEPENDENTLY	WITH HELP	NOT YET
Attends to story from a book	INDEPENDENTLY	WITH HELP	NOT YET
Answers who, what, where questions	INDEPENDENTLY	WITH HELP	NOT YET
Comments on things in their environment	INDEPENDENTLY	WITH HELP	NOT YET
Waits for turn	INDEPENDENTLY	WITH HELP	NOT YET
Initiates interactions with peers	INDEPENDENTLY	WITH HELP	NOT YET
Shares with peers	INDEPENDENTLY	WITH HELP	NOT YET

6. How do you think your child learns best?

- | | | |
|---|---|---|
| <input type="checkbox"/> One on one with teacher | <input type="checkbox"/> One on one with parent | <input type="checkbox"/> With movement |
| <input type="checkbox"/> With toys/objects | <input type="checkbox"/> While sitting in my lap | <input type="checkbox"/> With technology as a tool |
| <input type="checkbox"/> With no noise in the room | <input type="checkbox"/> With visual supports (pictures) | <input type="checkbox"/> With music |
| <input type="checkbox"/> Seated at a table | <input type="checkbox"/> With help understanding the directions | <input type="checkbox"/> With a sensory toy or fidget |
| <input type="checkbox"/> With a small group of children | <input type="checkbox"/> With tangible rewards | <input type="checkbox"/> With the lights dimmed |
| <input type="checkbox"/> With a large group of children | <input type="checkbox"/> One on one with friend/sibling | <input type="checkbox"/> Standing at a table or desk |
| <input type="checkbox"/> When close to the one teaching | <input type="checkbox"/> Watching someone do the activity first | |

Other scenarios/strategies that promote your child's success while learning:

7. Does your child have any particular fears? If so, please describe.

8. How does your child usually react when he/she is upset? How do you deal with the behavior?

9. What are your main goals for your child this year?

10. Is there other information you would like to discuss or provide to help us gain a better understanding of your child?

Signature: _____

Date: _____