

## Bledsoe County Schools Voluntary Pre-K Registration

Pikeville Elementary - May 23 (12:00-5:00)

Cecil B. Rigsby- May 24 (1:00-5:00)

Mary V. Wheeler- May 25 (1:00-5:00)

### You will need to bring the following:

- A child who will be 4 years old by August 15. (Children who will be 3 years old by August 15<sup>th</sup> can register too, but 4-year-olds will be accepted first.)
- Proof of Residency (gas, water, electric bill)
- Certified Copy of Birth Certificate
- Record of Physical (must be within the last year)
- Immunization Record
- Social Security Number
- Proof of Income (Tax Return, Paystub, W-2)
- If you receive Food Stamps, please bring your case number. You can get this from DHS.

Students whose families meet the income-eligibility guidelines will be accepted into the program first. After the twentieth day of school and if spots are available, over-income students will be accepted based on need. If you have questions, please reach out to Kristy Walker at the Board of Education- [kristyshockley@bledsoecountyschools.org](mailto:kristyshockley@bledsoecountyschools.org) or 423-447-2914.

# BLEDSOE COUNTY SCHOOLS' 22-23 STUDENT ENROLLMENT FORM

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_  
Last First Middle

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ (Optional)

Bus # \_\_\_\_\_ Miles Transported (from home to school) \_\_\_\_\_

Ethnicity:  Not Hispanic/Latino  Hispanic/Latino Homeroom: \_\_\_\_\_

Race:  American Indian/Alaskan  Asian  Black/African American  Pacific Islander/Native Hawaiian  White

State of Birth: \_\_\_\_\_ County of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Year First Enrolled in U. S. School \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Copy of Birth Certificate:  Yes  No

Has your child attended a TN Public School this year?  Yes  No

Last School Attended: \_\_\_\_\_  
(School Name, City, State)

Any special services student received in previous school: \_\_\_\_\_

Other siblings attending school in Bledsoe County: \_\_\_\_\_

1. Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Custodial Parent  Emergency Contact  Can pick child up  Skyward Family Access (see attachment)

Active Military Duty  National Guard Military Duty  Reserve Military Duty

Physical Address: \_\_\_\_\_  
Number & Street City State Zip

Mailing Address: \_\_\_\_\_  
(If Different) Number & Street City State Zip

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Required for Skyward Family Access See Attached)

2. Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Custodial Parent  Emergency Contact  Can pick child up  Skyward Family Access (see attached)

Active Military Duty  National Guard Military Duty  Reserve Military Duty

Physical Address: \_\_\_\_\_  
Number & Street City State Zip

Mailing Address: \_\_\_\_\_  
(If Different) Number & Street City State Zip

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Required for Skyward Family Access See Attached)

If the family has a domestic relations order governing custody or care of the child, we must have a copy of this order or parenting plan. If for any reason the non-custodial parent is not allowed visitation rights and does not have the right to remove the student from school, we must have a legal document from the custodial parent to support this order.

The following persons may be contacted in the event of an emergency and/or medical situation if parents/guardians are unavailable:

1. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Emergency Contact \_\_\_\_\_ Can pick child up

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Number & Street City State Zip

2. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Emergency Contact \_\_\_\_\_ Can pick child up

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Number & Street City State Zip

The following persons are authorized to check my child/children out of school:

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

The ESSA Act requires the completion of the following information.

Where does student stay at night? \_\_\_ Home/apartment owned or rented by parent/guardian,  
\_\_\_ With a relative or friend (family does not have a residence), \_\_\_ In a shelter, \_\_\_ In a motel/hotel,  
\_\_\_ In an automobile, \_\_\_ A campsite, \_\_\_ In housing that is inadequate (no electricity, running water, etc.),  
\_\_\_ Other housing (please explain) \_\_\_\_\_

### School Messenger

The Telephone Consumer Protection Act (TCPA) requires permission to use automatic telephone dialing equipment or a pre-recorded message to any telephone number assigned to a cell phone or any service for which the called party is charged for the call without prior express consent. Bledsoe County Schools uses a service called **School Messenger** to perform automated voice messages regarding school-related issues such as parent meetings/conferences, report cards dates, school closings, snow days, attendance, emergencies and other issues deemed reasonable. With your permission, we will call the numbers you have listed on page 1.

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Date)



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

**2022-2023**

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

Submission of

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	
	Head Start		Homeless	
			Migrant	
			Food Stamps / EBT	
			Families First (TANF)	

\*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		\$ -
<b>Total Annual (Yearly) Income</b>						<b>\$ -</b>

### 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: \_\_\_\_\_

## Bledsoe County Pre-K Background Information

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child is currently living with (Check all that apply):  Natural mother and natural father  Natural mother  Natural father  Grandparent  Step-parent  Other relative, specify: \_\_\_\_\_  
 Foster Parent  Boyfriend/girlfriend of parent  Homeless

Total number of people in household? \_\_\_\_\_

Does your child receive books from **Imagination Library** (Dolly Parton)?  Yes  No

Did your child receive services from Tennessee Early Intervention Program (TEIS)?  Yes  No

Do you or your child receive SSI (Social Security Income)?  Yes  No

Does your family receive food stamps?  Yes  No If Yes: Case # \_\_\_\_\_

Does your child have a parent who has been killed in war or missing in action?  Yes  No

Transportation Plan for Child: Ride bus  Parent Transport: \_\_\_\_\_ Unsure: \_\_\_\_\_

Are there any short term family crisis currently occurring with your family?  Yes  No  
If so, what are they? (Examples might be recent death of a family member, loss of job, recent divorce)

\_\_\_\_\_

\_\_\_\_\_

Are there any long term crisis conditions present in the family?  Yes  No  
(Examples might include a chronic mental or physical illness or a disabled family member.)

\_\_\_\_\_

\_\_\_\_\_

### Developmental History:

Health problems during pregnancy: \_\_\_\_\_

Premature?  Yes  No Birthweight? \_\_\_\_\_

Has the child had health problems resulting in hospitalization?  Yes  No

If yes, describe: \_\_\_\_\_

Has the child ever had a serious head injury?  Yes  No If yes, describe:

\_\_\_\_\_

Has the child had chronic ear infections?  Yes  No Have tubes been inserted?  Yes  No

Has the child had problems with vision or need glasses?  Yes  No

Does the child have allergies?  Yes  No If so, what? \_\_\_\_\_

food allergies  seasonal allergies  asthma  other

(If your child has food allergies, we must have documentation from an allergy specialist in order to make accommodations.)

Please check any behavioral problems you have with your child:

- |  |   |
|--|---|
| <input type="checkbox"/> Too active                      | <input type="checkbox"/> Under active/sits around too much          |
| <input type="checkbox"/> Poor attention span             | <input type="checkbox"/> Goes from one activity to another          |
| <input type="checkbox"/> Wets the bed                    | <input type="checkbox"/> Has urine/bowel accidents during the day   |
| <input type="checkbox"/> Easily distracted               | <input type="checkbox"/> Stares off into space                      |
| <input type="checkbox"/> Has temper tantrums             | <input type="checkbox"/> Acts like a younger child                  |
| <input type="checkbox"/> Doesn't care for own needs      | <input type="checkbox"/> Impulsive                                  |
| <input type="checkbox"/> Complains about health          | <input type="checkbox"/> Needs too much help with dressing, hygiene |
| <input type="checkbox"/> Can't entertain self            | <input type="checkbox"/> Has few or no friends                      |
| <input type="checkbox"/> Has poor social skills          | <input type="checkbox"/> Fights and argues                          |
| <input type="checkbox"/> Poor eye contact                | <input type="checkbox"/> Stays isolated, doesn't socialize          |
| <input type="checkbox"/> Bullys other children           | <input type="checkbox"/> Gets obsessed with certain interests       |
| <input type="checkbox"/> Refuses to comply with requests | <input type="checkbox"/> Eats too much or too little                |
| <input type="checkbox"/> Seems sad                       | <input type="checkbox"/> Says "I hate myself"                       |
| <input type="checkbox"/> Is rude and ungrateful          | <input type="checkbox"/> Makes threats against others               |
| <input type="checkbox"/> Hits self, hurts self           | <input type="checkbox"/> Whines, clings and cries                   |

Is there any additional information you would like to share about your child?

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## Transportation Information

Child's Name:

School Name:

Does your child have any siblings who currently ride a bus? Yes No

If yes, what bus does the sibling ride? Bus # \_\_\_\_\_

Will your child ride the bus in the morning? Yes No

If yes, pick-up address for morning:

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Will your child ride the bus in the afternoon? Yes No

If yes, drop-off address for afternoon:

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