

# Marion County Schools Pre-K Application

School Year 2022-2023

WHITWELL ELEMENTARY



Today's Date \_\_\_\_\_

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

Student's Gender: Male Female Grade: PreK Mother's Maiden Name: \_\_\_\_\_

Student's Race (circle all that apply): White Black/African-American Asian Pacific Islander American Indian

Student's Ethnicity (circle one): Not Hispanic Hispanic

Student's Address: \_\_\_\_\_ Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

List Other Children (and age) in the Family: \_\_\_\_\_

**Where does the child stay at night:**

\_\_\_\_\_ Home/Apartment owned/rented by the parent/guardian

\_\_\_\_\_ With a relative or friend

\_\_\_\_\_ In a shelter \_\_\_\_\_ In a motel

\_\_\_\_\_ In an automobile \_\_\_\_\_ Other

\_\_\_\_\_ In housing that is inadequate (no electricity, running water)

**PARENT OR GUARDIAN INFORMATION: (If any phone number or address listed changes, please contact us immediately)**

Relationship: \_\_\_\_\_ (Father, Mother, Guardian, Foster, etc.)

Does this student live with you? Yes  No   
Do you have custody? Yes  No

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

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Email \_\_\_\_\_

Employer: \_\_\_\_\_

Relationship: \_\_\_\_\_ (Father, Mother, Guardian, Foster, etc.)

Does this student live with you? Yes  No   
Do you have custody? Yes  No

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

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Email \_\_\_\_\_

Employer: \_\_\_\_\_

Emergency Contact (Other than Parent) 1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Head of Household Education Level:  Less than high school graduate  High School Graduate (includes GED)  
 Some college, associate degree  Bachelor's degree or higher

Does the parent presently serve in the: Full-Time Active Duty Military  Part-Time National Guard Military  Part-Time Reserve Military

# of people in the household: \_\_\_\_\_ Does your child receive books from the imagination library?  Yes  No

What is the first language your child learned to speak? \_\_\_\_\_

What language does your child speak most often when home? \_\_\_\_\_

- Child receives special education services
- Child is in state custody or foster care
- Child attended Early Head Start or Head start
- Child/Family receives food stamps (EBT)
- Child is homeless or migrant
- Child has a history of abuse/neglect
- Child has a military parent who is missing in action, killed in action, or a prisoner of war
- Other at/risk factors: \_\_\_\_\_
- Has child ever attended Marion County Schools?

Does the student have an IEP? Yes  No  Special Services Received: Speech  OT

Parent/Guardian Signature: \_\_\_\_\_

COMPLETE BOTH SIDES

April 2021

**COMPLETE BOTH SIDES**

For parent(s), please check box if you are an Out-Of-Workforce Individual

**Father:**(Check all that applies)Contact Allowed Mailings Allowed Enrolling Parent Released ToDeceased  
Education Rights Financial Resp.

**Mother:**(Check all that applies)Contact Allowed Mailing Allowed Enrolling Parent Released To Deceased  
Education Rights Financial Resp.

Parent Information: If there is a custody issue concerning your child, a current certified legal document, regarding custody or restrictions, must be on file in the main office at this school.

LEGAL ALERT:YES NO The following person(s) ARE NOT LEGALLY ALLOWED to sign out my child from school at any time: UP TO DATE CERTIFIED LEGAL COURT documents must be on file at school.

Name \_\_\_\_\_ Name \_\_\_\_\_

TRANSPORTATION:(Check all that applies) AM Bus # \_\_\_\_\_ PM Bus # \_\_\_\_\_ Car Rider \_\_\_\_\_ Walker \_\_\_\_\_  
If school is dismissed early: My child must call the following phone number \_\_\_\_\_ before early dismissal.  
My child does not need to call before early dismissal.

Indicate how your child should get home: (Check one)

I will pick up my child My child is to ride Bus # \_\_\_\_\_ (1<sup>st</sup> or 2<sup>nd</sup> load) to: \_\_\_\_\_  
My child is to ride the bus home as usual. My child is to ride home with \_\_\_\_\_

**MEDICAL INFORMATION**

In case of emergency, if contact cannot be made with numbers listed, school authorities will take the child to the doctor or call an ambulance.

**FAMILY DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Desired Hospital \_\_\_\_\_

Does your child have any serious health conditions?  NO  YES (If yes, indicate) \_\_\_\_\_

My student has the following health condition(s) that may require special care during school hours. Explain condition and note if medication is required from home or required during school hours as prescribed by doctor. Examples of Medical conditions include, but are not limited to: (Asthma, Diabetes, Food Allergy, ADD/ADHD, Etc.)

MEDICAL CONDITION(S): \_\_\_\_\_

MEDICATION REQUIRED AT SCHOOL:  YES  NO

The information provided above is true and accurate to the best of my knowledge. It is my responsibility to notify the school if my child's medical condition changes and/or if he/she has developed any medical conditions that may require attention during school hours.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Our policy states that no person shall be refused admission into or be excluded from any public school in this state on account of race, creed, color, sex, or national origin. All Title 1 parents have the right to request the qualifications or their child's teacher(s) and paraprofessional(s) working with them. Title 1 schools must notify parents of any child taught by a core academic teacher that is not highly qualified for more than four consecutive weeks.



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

**2022-2023**

**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: \_\_\_\_\_

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			

**\*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.			
<input type="checkbox"/> Pay Stub / Verification of pay by employer	<input type="checkbox"/> Retirement Documentation	<input type="checkbox"/> Foster Care Reimbursement	
<input type="checkbox"/> W-2 Form	<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI Documentation	
<input type="checkbox"/> Income Tax Form 1040A or 1040	<input type="checkbox"/> Veteran's Benefit Letter	<input type="checkbox"/> TANF Documentation	
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Child Support	<input type="checkbox"/> AFDC / Public Assistance Payment	
<input type="checkbox"/> Workman's Compensation Documentation	<input type="checkbox"/> Alimony Documentation	<input type="checkbox"/> TennCare Verification	
<input type="checkbox"/> Pension Stubs	<input type="checkbox"/> 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: \_\_\_\_\_



# Parent Survey



School Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Child's Name \_\_\_\_\_

I would like to know more about your child. The more I know, the better I can work to meet his/her needs. Please answer the questions below. Remember, this is from your point of view. Thank you!

List 3-5 words that describe your child's character (cheerful, shy, competitive etc.)

What are your child's strengths?

---

What concerns do you have?

What is your discipline plan and how does your child react?

Were there any problems during childbirth? (premature, drug or alcohol syndrome, etc.)

Does your child have any medical conditions? (heart, vision, hearing, etc.)

Do you or other people have an issue understanding your child's speech?

What does your child enjoy playing? (dolls, dinosaurs, trains, etc)

Thank you! If you need extra space, please use the back of this form.