



Hamblen County Board of Education
210 E. Morris Boulevard
Morristown, TN. 37813

VPK and Tuition Pre-K
Applications will be accepted
beginning February 27, 2023.

Application To Pre-K

Applications for VPK and Tuition programs will be accepted February 27 – March 10.

Application paperwork for both programs will be available at individual schools, the HCBOE Central Office, and on www.hcboe.net beginning February 27, 2023. If you need additional information call the individual school or HCBOE (423-586-7700).

There are limited seats in Pre-K across the Hamblen County School District. **Your child must be four years old by August 15, 2023 to be eligible to enroll.**

In order to apply for PreK, the parent/guardian must provide the following items:

- Child's birth certificate
- Child's Social Security card (if available)
- Child's up-to-date Tennessee physical/immunization record
- Photo identification of the parent/guardian
- Proof of legal guardianship if not the parent
- Two proofs of residency in Hamblen County (utility bill, rent receipt, tax bill, or proof of official mailing address)
- Last year's federal tax returns, if filed, or statement from employer of this year's projected income (VPK Classrooms only)
- Complete an income eligibility form and report all household income (VPK classrooms only)

Voluntary Pre-K

Voluntary Pre-K (VPK) is an educational program with funding awarded by the state department of education. The purpose of the program is to provide four-year old children, identified as being educationally and economically at-risk, with access to a high-quality academic learning environment in order to prepare them for future educational success. The program is free for eligible families based on the US Health and Human Services Poverty Guidelines.

Applications for VPK should be turned in at the school you would like to attend.

Application packets may be picked up from the individual school or online at www.hcboe.net. Parents will be notified of their acceptance in the VPK program by the classroom teacher.

VPK classrooms are located at the following schools: Fairview Marguerite (423-586-4098), Hillcrest Elementary (423-586-7472), Lincoln Heights Elementary, (423-586-2062), Manley Elementary (423-586-7400), Russellville Elementary (423-586-6560), West Elementary (423-586-1263), and Witt Elementary (423-586-2862).

Tuition Pre-K

Applications for Tuition Pre-K should be turned in at the school you would like to attend, HCBOE Central Office, or emailed to hoganyoungc@hcboe.net no later than March 10, 2023.

Three locally funded Pre-K classrooms are located within the district for a fee of \$500 per month. Acceptance into the program is determined by the order applications are received. A waitlist is available once all available openings are filled. Parents will be notified of their acceptance in the tuition program by the classroom teacher.

Tuition Pre-K classrooms are located at the following schools: Manley Elementary School (423-586-7400), Russellville Elementary School (423-586-6560), and Union Heights Elementary School (423-586-1502).

***Developmental Pre-K classrooms are available for 3 and 4-year old children with developmental delays or disabilities that have an Individual Education Plan. Call the Special Services Department at 423-581-3067 for more information.





Voluntary Pre-K Application Information

Welcome and thank you for your interest in the Hamblen County Schools Pre-K program! This important preschool program is primarily funded through a grant provided by the Tennessee Department of Education along with some local funding. It is an important educational program offered to children who live in Hamblen County and who are four years old by August 15, 2023.

Voluntary Pre-K means you are requesting to enroll in the Pre-K program. Once accepted into the program, excellent attendance is expected. This is an important first step in your child's education. Students are expected to maintain attendance at 90% or risk losing enrollment in the program. Space is limited and a waiting list is maintained once all the available spaces are filled.

In accordance with Tennessee law and rules and regulations of the State Department of Education, students who meet the following qualifications will have priority for being accepted into the program:

- Child is four years old on or before August 15, 2023
- Family resides in Hamblen County (school zone does not matter)
- Military Parent is KIA, MIA, or POW
- Family meets federal income guidelines

Please complete the VPK application and submit it with the following information:

- Child's birth certificate**
- Child's Social Security card (if available)**
- Child's up-to-date physical/immunization record**
- Parent/guardian's photo ID.**
- Two proofs of residence in Hamblen County**
- Income eligibility form**

Voluntary Pre-K Supplemental Information for the 23-24 School Year

Today's Date _____ **Child's Name** _____

Birth Date _____ **Gender:** ___ Male ___ Female

Home Address _____ (Street Address and Apt. #)
_____ (City/State/Zip Code)

Phone Numbers: _____ home _____ work _____ cell

Person completing this form: ___ Mother ___ Father ___ Step-mother ___ Step-father ___ Adoptive Parent
___ Other family member (specify) _____ Other (specify) _____

Family Data Child lives with: ___ Both Parents ___ Mother ___ Father ___ Grandparents ___ Adoptive
Parent(s) ___ Other (specify) _____

Number of people in the household _____

What is the first language your child learned to speak? _____

What language does your child speak most often outside of school? _____

What language is spoken most often when at home? _____

Please check any of the following items that apply to your child:

- 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) or Families First (TANF)
- Child is homeless or migrant
- Child has a history of abuse/neglect (DCS involvement)
- Child has a military parent who is missing in action, killed in action, or a prisoner of war
- Other at/risk factors: _____

Does your child receive books from the Imagination Library? Yes ___ No ___

Signature of person filling out this form: _____

Application taken by: _____ Date: _____



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

2023-2024

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: _____	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).

(✓)	Early Head Start	(✓)	Foster Care	(✓)	Migrant	(✓)	Families First (TANF)	Case #
	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: _____

Pre-K Student Information

23-24 School Year

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

First Name _____ Middle Name _____ Last Name _____

Student resides with _____ Relation _____ Legal Guardian Y or N

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

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

Birth City _____ Birth County _____ Birth State _____ Birth Country _____

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

Does your child have a diagnosed disability? Y or N If Yes, what type _____

IEP from Local Education Association? Y or N IEP attached? Y or N

Mothers' Name _____ Maiden Name _____

Primary Language _____ Active Military Y or N Active Reserves Y or N Active National Guard Y or N

Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer Name _____ Employer Address _____

Email Address _____

Father's Name _____

Primary Language _____ Active Military Y or N Active Reserves Y or N Active National Guard Y or N

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 other guardian other than a parent.

Guardian's Name _____

Primary Language _____ Active Military Y or N Active Reserves Y or N Active National Guard Y or N

Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer Name _____ Employer Address _____

Email Address _____

Date/Time Received _____