

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, 2022.

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, 2022
- · 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
☐ Income verification form
☐ Two proofs of residence in Hamblen County
☐ Child's birth certificate
☐ Child's Social Security card
☐ Parent/guardian's photo ID.

Hamblen County Schools Voluntary Pre-K Application for the 22-23 School Year

Today's Date	Child	's Name				
Birth Date	Gen	der:	Male	_Female		
Home Address				(Stre	eet Addre	ss and Apt. #)
					(City/St	ate/Zip Code)
Phone Numbers:	home			work		cell
Person completing this form:Other family member (specify						
Family Data Child lives with: Parent(s)Other (specify)		_Mother _	Father	Grandpa	irents	_ Adoptive
Number of people in the housel	nold					
What is the first language your	child learned to s	speak? _				
What language does your child	speak most ofter	n outside	of schoo	JI?		
What language is spoken most	often when at ho	me?				
Please check any of the following	ng items that per	tain to yo	our child:			
☐ Child receives special educati	on services					
☐ Child is in state custody or fos	ter care					
☐ Child attended Early Head Sta	art or Head Start					
☐ Child/family receives food star	mps (EBT) or Fam	ilies First	(TANF)			
☐ Child is homeless or migrant						
☐ Child has a history of abuse/n	eglect (DCS involv	vement)				
☐ Child has a military parent who	o is missing in acti	on, killed	in action,	or a prisoner o	of war	
Other at/risk factors:						
Does your child receive books to	rom the Imaginat	tion Libra	ary? Yes_	No		
Signature of person filling out t	his form:		····			
Application taken by:	Г	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

2022-2023

Completion of this form <u>DOES NOT</u> 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 S	ame of Student: Date of Application:							
SSN of Stu	ident:				Date of B	Birth of S	itudent:	
Name of A	pplicant:				Relations	ship to S	tudent:	
Mailing Ad	dress:							
City:			State	e:			Zip Code:	
Home Phone #:	()		Work Phone #:)		Cell Phon	e #:()	
		Ple	Part A ease list informati		mily Information		embers	
				s	ection 1			
Name(s) of ALL OTHER CHI	LDREN	I in the Household	-	Date of Birth		School	Gra
1.								
2.								
3.								
4.								
5.								
				S	ection 2			
Name	(s) of ALL OTHER AD	OULTS	in the Household			Relati	onship to Student	
1.								
2.								
3.								
4.								
5.								
Total # of	household members:							
			Part R -	_ Prog	ram Participati	ion		
Pleas				provid	les documentation o	f partic	ipation, in one or more	of the following
(√)	progre	(√)		(√)	Jour (Documenta	(√)		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 <u>NOT</u> 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.	A. GROSS work income D. Pension(s) G. Veteran's Benefits J. SSI Disability							
В.	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 of Wage Amount	Multiplied by (X)	How many months did you receive this income in the last year?	Total Am	ount
			\$ -	Х		\$	-
			\$ -	Х		\$	
			\$ -	Х		\$	-
			\$ -	Х		\$	-
			\$ -	Х		\$	-
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:
I certify that I ha	e and Signature of LEA employee reviewing this application ave examined the above income documentation and verification information. In the properties of th
Printed Name / Title of LEA employee:	
Signature of LEA employee:	
Date Reviewed by LEA employee:	

Updated: 2/2/2021

Pre-K Student Information 22-23 School Year

Pre-K 1st Choice	Pre-K 2 nd Cho	ice	Pre-K 3 rd Cho	ice
First Name	Middle Name _		_ Last Name _	
Student resides with		Relation		Legal Guardian Y or N
Birth Date A	ge Gender M	or F Social Security	# (if available) _	
Ethnicity Hispanic or Non-His	spanic Race (Circle a	Ill that apply) White	Black Indian	Asian Pacific Islander
Birth City	Birth County	Birth State _	Bi	rth Country
Home Language	Primary Lan	guage	Limited E	inglish Proficient Y or N
Does your child have a diag	nosed disability? Y or N	If Yes, what type _		
IEP from Local Education Ass	sociation? Y or N	EP attached? Y or N		
Mothers' Name		Maid	en Name	
Primary Language	Active Military	Y or N Active Reserv	es Y or N Activ	e National Guard Y or N
Address		City	Stat	e Zip
Mailing Address		City	Sta	te Zip
Home Phone	Cell Phone_		_ Work Phone	
Employer Name	Em	nployer Address		· · · · · · · · · · · · · · · · · · ·
Email Address				
Father's Name				
Primary Language	Active Military	Y or N Active Reserv	es Y or N Activ	e National Guard Y or N
Address		City	Sta	te Zip
Mailing Address		City	Sta	te Zip
Home Phone	Cell Phone_		_ Work Phone	
Employer Name	Em	nployer Address		
Email Address				
A copy of the legal court ord	der regarding child's cu	ustody must be on file	at current scho	ol if the student does
not reside with both parents.	A legal custody order	is required from any o	other guardian o	other than a parent.
Guardian's Name				
Primary Language	Active Military	Y or N Active Reserv	es Y or N Activ	e National Guard Y or N
Address		City	Stat	e Zip
Mailing Address		City	Sta	te Zip
Home Phone	Cell Phone_		Work Phone	
Employer Name	Em	nployer Address		
Email Address				
Date Received				



Hamblen County Schools Pre-K Application Process "Jump Start to Educational Excellence" for Four-Year Old Children

Pre-K prepares children for success in kindergarten. There are limited seats in Pre-K across the Hamblen County School District. *Your child must be four years old by August 15, 2022 to be eligible.*

Voluntary Pre-K Classrooms

Voluntary Pre-K 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 2021 US Health and Human Services Poverty Guidelines.

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

- Child's birth certificate
- Child's Social Security card (if available)
- Child's up-to-date 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.
- Complete an income eligibility form and report all household income.

Applications for VPK programs will be accepted February 21-March 18, 2022 at the VPK school in which you desire to enroll. 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 March 24, 2022.

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

Tuition Pre-K

Applications for Tuition programs will be accepted February 21-March 18.

Three locally funded Pre-K classrooms are located within the district for a fee of \$125 per week. First-priority enrollment is granted to four-year old children of HCBOE employees. Acceptance in Tuition Pre-K for remaining seats is strictly through a random drawing that will be held March 22, 2022 at the district office. The drawing is needed because the program has more applicants than classroom openings. <a href="mailto:Applications for Tuition Pre-K should be turned in to the individual school, HCBOE Central Office, or emailed to hoganyoungc@hcboe.net no later than March 18, 2022. Tuition Pre-K classroom teachers will notify families of their acceptance by March 24, 2022.

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).

Application paperwork for both programs will be available at individual schools, the HCBOE Central Office, and on www.hcboe.net beginning February 21, 2022. For more information about Pre-K, call the individual school or HCBOE (423-586-7700). Parents applying for Tuition Pre-K do not need to be present on March 22, 2022.









