



PreK Application

Students must be 4 years old on or before August 15, 2024 to enroll.

PreK Registration will be held at Hamblen County Schools Central Office
on February 29, 2024 from 4:00-6:00 pm.

The following items will be needed to register:

- ____ Child's birth certificate
- ____ Child's Social Security card (if available)
- ____ Child's up to date Tennessee physical/immunization record
- ____ Parent/Guardian photo ID
- ____ Proof of legal guardianship if not the parent
- ____ Proof of Hamblen County residency
(current utility bill, rent receipt, etc)
- ____ Proof of income if applying for VPK/Scholarship classes
(current paystub, or W-2/income tax return, TANF#, etc)

Please Note - Students enrolling after the registration date will need to turn in completed applications to the school they would like to attend.



Pre-K Student Information

24-25 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

Has the child ever been in daycare or similar setting? Y or N If yes, where? _____

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 _____

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Only complete this form if you are applying for an income based VPK/Scholarship class. Proof of income is required.



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

2024-2025

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).

(√)	(√)	(√)	(√)	(√)	Case #					
	Early Head Start		Foster Care		Migrant				Families First (TANF)	
	Head Start		Homeless		Food Stamps / EBT					

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

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: _____