

Preschool Application

The following documents are required unless the enrolling student is in state custody or is experiencing homelessness:

- Preschool application with proof of income
- Birth certificate or other official records of birth
- Current immunization record
- Current physical examination
- One proof of residency dated within the past two months stating the name of the parent/legal guardian and the address of residence. Acceptable forms of proof of residency include:
 - Option 1: Copy of signed lease agreement or mortgage statement
 - Option 2: Utility bill (i.e., electric, water, gas, or sewer)
 - Option 3: Bank or credit card statement
 - Option 4: Paystub
 - Option 5: Voter Registration or some type of legal mail

Please note:

- **Completing this application does not qualify your child for the Free or Reduced Meal Program.**
- **Submission of this application does not guarantee acceptance into the Voluntary Pre-K (VPK) Program.**
- **Refusal to provide income does not prevent provision of special education services.**

Today's Date: _____

Marion County Pre-K Application School

Monteagle Elementary

STUDENT AND HOUSEHOLD INFORMATION

Last Name	First Name		Middle Name	
Preferred Name	Birth Date		Phone Number	
Physical Address	Apt	City	State	Zip Code
Mailing Address (if different)	Apt	City	State	Zip Code
Race <input type="checkbox"/> <input type="radio"/> American Indian or Alaska Native <input type="checkbox"/> <input type="radio"/> Asian <input type="checkbox"/> <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> <input type="radio"/> Black or African American <input type="checkbox"/> <input type="radio"/> White				
Is the student Hispanic / Latino? <input type="radio"/> Yes <input type="radio"/> No	What is the first language your child learned to speak? <hr/> What language does your child speak most often when home? <hr/>	Sex <input type="radio"/> Male <input type="radio"/> Female	Does your child participate in the Dolly Parton Imagination Library? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Information (as applicable) Please mark those that apply.	<input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> 504 Plan <input type="checkbox"/> Migrant <input type="checkbox"/> Special Services : Speech <input type="checkbox"/> Occupational Therapy/Physical Therapy			

Where does your child currently stay at night?

- o Home or apartment owned or rented by the parents/guardians
- o Campsite
- o Automobile
- o Shelter
- o Hotel/Motel
- o Temporarily living with relative/friend
- o Housing that is inadequate (no electricity, running water, etc.)

Has your child ever attended one of the following?

- Head Start
- Mother's Morning Out
- Early Head Start
- Private daycare
- Family Childcare
- TEIS
- Private/Public Preschool

Previous Schools or Preschool Attended Address

Telephone

Years Attended

Previous Schools or Preschool Attended Address	Telephone	Years Attended

Who does the student live with?

- Mother
- Father
- Both

Who has custody of the child?

- Mother
- Father
- Both

LEGAL ALERT: If there is a custody issue concerning your child, a current certified legal court document regarding custody or restrictions, must be on file at the school.

The following person(s) ARE NOT LEGALLY ALLOWED to sign out my child from school at any time.

1.

2.

3.

<p>Father: (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release to <input type="checkbox"/> Deceased <input type="checkbox"/> Education Rights <input type="checkbox"/> Financial Rep <input type="checkbox"/> Missing in Action, killed in action, or a prisoner of war <input type="checkbox"/> Presently serve in the military <input type="checkbox"/> Out-Of-Workforce 	<p>Mother: (Check all that apply.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Enrolling Parent <input type="checkbox"/> Release to <input type="checkbox"/> Deceased <input type="checkbox"/> Education Rights <input type="checkbox"/> Financial Rep <input type="checkbox"/> Missing in Action, killed in action, or a prisoner of war <input type="checkbox"/> Presently serve in the military <input type="checkbox"/> Out-Of-Workforce
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If school dismisses early, please list the contact's name and number to call

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

Student's Doctor: _____ **Phone number:** _____

Name of desired hospital: _____

<p>Does your child have any serious health conditions? If yes, please list</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Medication required at school: Yes No</p>	<p>My child has the following health condition(s) that may required special care during school hours. Explain condition and note if medication is required from home and required during school hours as prescribed by a doctor. Examples of medical condition include, but are not limited to: (Asthma, Diabetes, Food Allergy, ADD/ADHD, Etc.)</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/>
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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 conditons that may require attention during school hours.

Parent Signature: _____ **Date:** _____

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

PARENT/GUARDIAN #1				
Last Name	First Name		Email Address	
Home Phone	Work Phone		Cell Phone	
Physical Address (if different from student)	Apt	City	State	Zip Code
Mailing Address (if different from student)	Apt	City	State	Zip Code
Relationship to Student			Lives with Student? <input type="radio"/> Yes <input type="radio"/> No	
Employer	Occupation		Work Hours	
Work Address	City		State	Zip Code

PARENT/GUARDIAN #2				
Last Name	First Name		Email Address	
Home Phone	Work Phone		Cell Phone	
Physical Address (if different from student)	Apt	City	State	Zip Code
Mailing Address (if different from student)	Apt	City	State	Zip Code
Relationship to Student:			Lives with Student? <input type="radio"/> Yes <input type="radio"/> No	
Employer	Occupation		Work Hours	
Work Address	City		State	Zip Code

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT #1				
Last Name	First Name		Relationship to Student	
Home Phone	Work Phone		Cell Phone	
Address	Apt	City	State	Zip Code

EMERGENCY CONTACT #2				
Last Name	First Name		Relationship to Student	
Home Phone	Work Phone		Cell Phone	
Address	Apt	City	State	Zip Code

EMERGENCY CONTACT #3				
Last Name	First Name		Relationship to Student	
Home Phone	Work Phone		Cell Phone	
Address	Apt	City	State	Zip Code

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 Adults in the Household		Relationship to Student
1.		
2.		
3.		
4.		

Total Number of Household Members: _____

Part B: Program Participation

Please check (✓) if a child, family, or household member participates in one or more of the following programs, currently or during the past school year. Documentation is required (See Part D.)

✓	Program	✓	Program	✓	Program	✓	Program
	Early Head Start		Foster Care		Migrant		Supplemental Nutrition Assistance Program (SNAP)
	Head Start		Homeless		Families First (TANF)		SNAP/TANF Case Number:

Part C: Total Household Income

Please list **ALL INCOME** of household family members and how often income is received. Any falsification of information concerning income, residency, 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 of months that you receive the income and then calculate the Amount and the Total Annual income.

Total Annual (Yearly) Income: _____

Source of Income Codes			
A GROSS Work Income	D. Pensions	G. Veteran's Benefits	J. Alimony
B. Unemployment	E. Retirement	H. Child Support	K. Other (must list)
C. Workman's Comp	F. Social Security Benefits	I. SSI disability	

Name of Adult	Employer (if applicable)	Source of Income Code	Monthly Payment or Wage Amount	Multiply by (x)	How many months did you receive this income in the last year?	Total Amount
			\$	x		\$
			\$	x		\$
			\$	x		\$
			\$	x		\$

Part D: Income Verification

Please check (✓) all documents that have been provided as Proof of Income

	Pay Stub / Verification of pay by employer		W-2 Form		Supplemental Nutrition Assistance Program (SNAP)
	Foster Care Reimbursement		Social Security Benefits		Child Support
	Income Tax Form 1040A or 1040		Veteran's Benefit Letter		Temporary Assistance for Needy Families (TANF) Documentation
	Unemployment Compensation		Pension Stubs		Alimony Documentation
	Workman's Compensation Documentation		SSI Documentation		Retirement Documentation

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: _____

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: _____

For Office Use Only

Please Circle One

Income Eligible: Yes / No