

## 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.**

**STUDENT AND HOUSEHOLD INFORMATION**

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Preferred Name</b>		<b>Birth Date</b>		<b>Phone Number</b>	
<b>Physical Address</b>		<b>Apt</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mailing Address (if different)</b>		<b>Apt</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Race</b>	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White		<input type="radio"/> Asian <input type="radio"/> Black or African American		
<b>Is the student Hispanic / Latino?</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>Sex</b>	<input type="radio"/> Male <input type="radio"/> Female		
<b>Other Information (as applicable)</b>	<input type="radio"/> Individualized Education Plan (IEP) <input type="radio"/> 504 Plan		<input type="radio"/> Foster Care <input type="radio"/> Migrant		
<b>Where does your child currently stay at night?</b>					
<input type="radio"/> Home or apartment owned or rented by the parents/guardians <input type="radio"/> Campsite		<input type="radio"/> Automobile <input type="radio"/> Shelter <input type="radio"/> Hotel/Motel		<input type="radio"/> Temporarily living with relative/friend <input type="radio"/> Housing that is inadequate (no electricity, running water, etc.)	
<b>Has your child ever attended one of the following?</b>	<input type="radio"/> Head Start <input type="radio"/> Early Head Start <input type="radio"/> Family Childcare		<input type="radio"/> Mother's Morning Out <input type="radio"/> Private daycare <input type="radio"/> Private/Public Preschool		
<b>Previous Schools or Preschool Attended</b>	<b>Address</b>		<b>Telephone</b>	<b>Years Attended</b>	

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

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

Employer		Occupation		Work Hours	
Work Address		City		State	Zip Code

**EMERGENCY CONTACT INFORMATION**

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

<b>EMERGENCY CONTACT #2</b>					
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.

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		\$

**Total Annual (Yearly) Income:** \_\_\_\_\_

**Part D: Income Verification**

Please check (✓) all documents that have been provided as Proof of Income					
<input type="checkbox"/>	Pay Stub / Verification of pay by employer	<input type="checkbox"/>	W-2 Form	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	Foster Care Reimbursement	<input type="checkbox"/>	Social Security Benefits	<input type="checkbox"/>	Child Support
<input type="checkbox"/>	Income Tax Form 1040A or 1040	<input type="checkbox"/>	Veteran's Benefit Letter	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) Documentation
<input type="checkbox"/>	Unemployment Compensation	<input type="checkbox"/>	Pension Stubs	<input type="checkbox"/>	Alimony Documentation
<input type="checkbox"/>	Workman's Compensation Documentation	<input type="checkbox"/>	SSI Documentation	<input type="checkbox"/>	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

## Bledsoe County Pre-K Background Information

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

Child is currently living with (Check all that apply): \_\_\_\_\_ Natural mother and natural father \_\_\_\_\_ Natural mother \_\_\_\_\_ Natural father \_\_\_\_\_ Grandparent \_\_\_\_\_ Step-parent \_\_\_\_\_ Other relative, specify: \_\_\_\_\_  
\_\_\_\_\_ Foster Parent \_\_\_\_\_ Boyfriend/girlfriend of parent \_\_\_\_\_ Homeless

Total number of people in household? \_\_\_\_\_

Does your child receive books from **Imagination Library** (Dolly Parton)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your child receive services from Tennessee Early Intervention Program (TEIS)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you or your child receive SSI (Social Security Income)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your family receive food stamps? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes: Case # \_\_\_\_\_

Does your child have a parent who has been killed in war or missing in action? \_\_\_\_\_ Yes \_\_\_\_\_ No

Transportation Plan for Child: Ride bus \_\_\_\_\_ Parent Transport: \_\_\_\_\_ Unsure: \_\_\_\_\_

Are there any short term family crisis currently occurring with your family? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, what are they? (Examples might be recent death of a family member, loss of job, recent divorce)

\_\_\_\_\_  
\_\_\_\_\_

Are there any long term crisis conditions present in the family? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Examples might include a chronic mental or physical illness or a disabled family member.)

\_\_\_\_\_  
\_\_\_\_\_

### Developmental History:

Health problems during pregnancy: \_\_\_\_\_

Premature? \_\_\_\_\_ Yes \_\_\_\_\_ No Birthweight? \_\_\_\_\_

Has the child had health problems resulting in hospitalization? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_

Has the child ever had a serious head injury? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, describe:

\_\_\_\_\_

Has the child had chronic ear infections? \_\_\_\_\_ Yes \_\_\_\_\_ No Have tubes been inserted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the child had problems with vision or need glasses? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the child have allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, what? \_\_\_\_\_

\_\_\_\_\_ food allergies \_\_\_\_\_ seasonal allergies \_\_\_\_\_ asthma \_\_\_\_\_ other

# Pre-K Registration Form

## Transportation Information

For district planning purposes, we need to collect the following information about how your child will arrive and leave school each day.

Transportation Method **AM**: Bus/Car

- If you chose bus, please give the address for morning pick-up:

Transportation Method **PM**: Bus/Car

- If you chose bus, please give the address for afternoon drop-off:

Does your child have a sibling who currently rides a bus? Yes/No  
If yes, what bus does the sibling ride? Bus # \_\_\_\_\_