

Pre-K Application Packet

In order to ensure your child is considered for enrollment in the Alcoa City Pre-K program, please complete and bring the following documents:

- Completed Alcoa City Schools Enrollment Form
- Completed Income Verification Form
- Certified Birth Certificate (NOT mother's copy)
- Social Security Card
- Immunization/Physical Exam Record
- Proof of Alcoa Residency
- Pre-K information Sheet

If you have all of the above prior to the registration and screening dates listed, please call Kristin Whelahan at 982-3120 to make a screening appointment. Appointments will be available Monday-Thursday at 1:40 and 2:00 beginning April 9th.

➤ **IMPORTANT NOTICE!!!** The immunization record must be on the official Tennessee form with the updated immunizations and must show a current physical as well. A sample is included in this packet. Make sure the form is signed in two places (one for immunizations and one for current physical).

- If unable to have a physical or immunizations prior to registration, please bring an appointment card for the visit.

➤ **Proof of Alcoa Residency (Alcoa Residents Only)**

- Proof of residency must be a lease agreement, mortgage statement, gas bill, or electric bill and must be dated no earlier than April 2018.

Students must be 4 years old on or before August 15, 2018 and an Alcoa City Resident to apply for the Pre-K program.

Be sure to bring your child with you when you come to apply!

Please send any questions or concerns to:

kwhelahan@alcoaschools.net

Registration and Screening Days:

May 21 8:00-2:30

May 22 8:00-2:30



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

2018-19
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			

***If submitting proof of qualifying for any of the above programs, you do NOT 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.	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.
forms must be maintained in accordance with FERPA.

Completed

Printed Name / Title of LEA employee: _____

Signature of LEA employee: _____

Date Reviewed by LEA employee: _____

Alcoa City Pre-K
Information Sheet

Student's Name: _____

Date of Birth: _____

Primary Language spoken at home? _____

Other language(s) spoken at home? _____

Please circle any of the following items that pertain to your child:

Child in state custody

Homeless

Parent incarcerated

History of
abuse/neglect

Custody of
grandparents

Child has disability and
IEP

Prenatal drug
exposure

Teen parent

Death of parent/sibling

Premature baby
Single parents

Received TEIS services

No group experience

Military
parent/deployed

Other risk factors: _____

Does your child receive books from the Imagination Library? _____

This is not a "first come, first served" program.

Completion of this application does not guarantee enrollment. Applicant eligibility will be contingent upon a successful evaluation process. 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, 2018
- Family resides in Alcoa City
- Family meets federal income guideline for free/reduced meals.
- Child receives special education services.
- Child is an English Language Learner.
- Child is in state custody.
- Child has a history of abuse/neglect.

ALCOA ELEMENTARY SCHOOL

1200 Springbrook Rd.
Alcoa, TN 37701
Phone: (865) 982-3120
FAX: (865) 984-4458

MONIQUE MAPLES
PRINCIPAL

Alcoa City Schools Pre-K Enrollment Criteria 2018-2019

For the 2018-2019 school year, Alcoa will only offer 2 Voluntary Pre-K programs. For both programs, entrance into programs can **only occur** if the child meets the bolded criteria first and foremost. The subsequent qualifier applies when, and only when, all efforts have been exhausted to meet the previous qualifier through extensive child-find efforts.

Movement to a subsequent qualifier is only made by the administration.

Voluntary Pre-K Programs

1st Criteria: (Tier 1)

- **Must meet Alcoa residency requirements**
- **Must be 4 years old on or before August 15, 2018 (5 year olds may not be enrolled in the program.)**
- **Students who are “economically disadvantaged” at time of registration (F/R) and have a military parent killed in action, declared missing in action, or declared a prisoner of war**
- **Must be determined “economically disadvantaged” at time of registration.**
- **Students meeting Free (F) will be admitted first**
- **Pre-K students identified as homeless are automatically eligible**

At such time, deemed by the Administration, all efforts have been exhausted to meet the above mentioned State issued mandates, the Administration will grant permission to fill any empty spots using the following criteria. Adequate time, determined by the Administration, must be allowed to exhaust each preceding criteria before considering each subsequent criteria in the order that they appear.

2nd Criteria: (Tier 2) In this order:

- Students with Disabilities (current IEP)
- English Learners (EL)
- Educationally at- risk for abuse or neglect

3rd Criteria: (Tier 3)

- Other At-Risk Factors as established by the C-PAC:
 1. **Brigance score of 85% or lower**
 2. Homeless or State Custody
 3. Single parent family
 4. Parent incarceration/criminal history;
 5. Parent in military or active duty;
 6. Teen Parent;
 7. Parent w/ limited education;
 8. Parent w/ only 1 employed;
 9. Living w/ Adopted parents
 10. TnCare recipient;
 11. No TnCare or other health insurance;
 12. Parent w/drug, emotional or health issues



2018-2019
Alcoa City Schools Enrollment Form

Welcome to Alcoa City Schools. The details you provide will help us keep you informed since communication between home and school is so important in the growth of your child. Please answer all the questions and check for accuracy. If anything changes, please contact the school immediately as we use this information for school closings and emergencies. Please read and sign where indicated and return as soon as possible.

_____ New Enrollment: This child has never attended Alcoa City Schools.

_____ Returning Enrollment: This child attended Alcoa City Schools in grades _____ - _____ in the past.

Last School Attended _____ Date Withdrawn _____

Last School's Address _____

Student's name as appears on Birth Certificate: (Please provide a copy)

Last Name _____ First Name _____

Middle Name _____ Suffix (Jr., II) _____

Date of Birth _____ Grade _____

Gender _____

Student's Birth City _____ Birth Country _____

Birth State _____ Birth County _____

Date First Enrolled in a US School _____

If not born in the US, date the student entered the country _____

Student's Birth Mother's Maiden Name from Birth Certificate _____

Student's Social Security Number (Please provide a copy of card) _____

Federal Ethnicity (Hispanic/Latino) ___Y ___N

Federal Race (Please mark ALL that apply)

- ___ American Indian/Alaska Native
___ Asian
___ Black/African American
___ Native Hawaiian or other Pacific Islander
___ White

Is the child currently placed in Foster Care? ___Y ___N

If yes, has the DCS worker provided Alcoa City Schools with the Education Passport? ___Y ___N

Is the student now receiving special education services? ___Y ___N

Has the student received special education services before? ___Y ___N

Has the student received speech therapy? ___Y ___N

Is the student currently on a 504 plan? ___Y ___N

Is the student currently under Suspension or Expulsion from another school? ___Y ___N

_____ Number of parents/guardians enlisted as Active Duty Military
(Full-time Army, Navy, Air Force, Marine Corps, or Coast Guard duty or Full-time National Guard duty or Active Guard Reserve (full-time Reserve duty))

_____ Number of parents/guardians who participate in the National Guard on a part-time basis

_____ Number of parents/guardians who participate in the Reserves of a branch of the armed forces on a part-time basis
(Army, Navy, Air Force, Marine Corps, or Coast Guard)

Responsible/Acceptable Use / Internet Safety Policy

Please see the Responsible/Acceptable Use/Internet Safety Policy included in the District Student/Parent Handbook Folder. Please read and discuss with your child.

Student: My signature says that I understand I can be denied access to the Internet and other electronic media if I do not follow all the terms of the Acceptable Use/Internet Safety Policy. I also understand that the school administration will consider it a major disciplinary offense.

Student Name (please print) _____

Student Signature _____ Date _____

Parent: My signature below indicates that I have read the acceptable use policy from the District Handbook Folder. I understand that the school tries to make information available to students while at the same time trying to assure the appropriateness of this information. By signing below, I give permission for my child to have access to the Internet and other technology resources under the conditions of the Responsible/Acceptable Use/Internet Safety Policy.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

Internet at Home:

Do you have wireless internet access/wifi at home in order to connect a device such as a computer, laptop or tablet?

Y N

Media Releases

Please see the **Web Site Policy** included in the District Student/Parent Handbook Folder.

Y N I agree the school system may feature my child on the official school or district web sites following the policies outlined in the District Student/Parent Handbook Folder.

Parent/Guardian Signature _____ Date _____

Please see the **Media Access to Students Policy** included in the District Student/Parent Handbook Folder.

Y N I agree the school system may feature my child in the local public broadcast and print media (for example, Tornado TV, WBIR, Daily Times, News Sentinel, etc.) following the policies outlined in the District Student Parent Handbook Folder.

Parent/Guardian Signature _____ Date _____

Transportation

My child most often arrives at school via: (Circle One) Car Walk Bus (AM Bus # _____) Miles Transported by Bus: _____

My child most often departs from school via: (Circle One) Car Walk Bus (PM Bus # _____) Miles Transported by Bus: _____

To the following address: _____

Federal Reporting Questions

1. Where does your child stay at night? (Please check one)

- In a shelter
- In a car
- In a motel/hotel
- At a campsite
- In another location that is not appropriate for people (e.g. an abandoned building)
- Temporarily with more than one family in a house/mobile home or apartment (because the family does not have a place of its own)
- Other (in an arrangement that is not fixed/regular/adequate and is not described by the other choices)
- None of these apply*

***If you selected "None of these apply", you DO NOT need to answer Question 2; if you selected any other option, please answer Question 2.**

2. With whom does the student live?

- 1 Parent 2 Parents 1 Parent and another adult A relative/friend (s) or other adult(s)
- An adult that is not the parent or the legal guardian Alone with no adults

Parent/Guardian Information

Is there any legal information the school should know about your child? Y N

If yes, please attach all legal forms and list brief description below

Parent/Guardian Information

Please list all siblings (add separate page if needed)

Name: _____ School: _____ Grade: _____
 Name: _____ School: _____ Grade: _____
 Name: _____ School: _____ Grade: _____

Family 1 Home Address:

House # _____ Street Name _____ City _____ State _____ Zip _____
 Mailing Address (if different): _____

Alcoa City Resident Y N (Tuition is payable at each school. Proof of Residency required for all students living in the City of Alcoa)

Family 1 Parents/Guardians: List all parents/guardians who live at Family 1 home address.

First Name: _____ Last Name: _____

Email Address: _____

****Please Note: In order to provide login credentials to your Skyward Family Access as soon as possible, we need your email address!**

Phone 1: () _____ - _____

Phone 2: () _____ - _____

Employer Name: _____

Work Phone: () _____ - _____ ext. _____

Emergency Contact: Y N Custodial Parent: Y N Can Pick Up: Y N

Relationship to Student	
Mother	Father
Stepmother	Stepfather
Grandparent	Guardian
Foster Parent	Family Friend
Other Relative: _____	

First Name: _____ Last Name: _____

Email Address: _____

****Please Note: In order to provide login credentials to your Skyward Family Access as soon as possible, we need your email address!**

Phone 1: () _____ - _____

Phone 2: () _____ - _____

Employer Name: _____

Work Phone: () _____ - _____ ext. _____

Emergency Contact: Y N Custodial Parent: Y N Can Pick Up: Y N

Relationship to Student	
Mother	Father
Stepmother	Stepfather
Grandparent	Guardian
Foster Parent	Family Friend
Other Relative: _____	

Family 2 Home Address:

House # _____ Street Name _____ City _____ State _____ Zip _____
 Mailing Address (if different): _____

Alcoa City Resident Y N (Tuition is payable at each school. Proof of Residency required for all students living in the City of Alcoa)

Family 2 Parents/Guardians: List all parents/guardians who live at Family 2 home address.

First Name: _____ Last Name: _____

Email Address: _____

****Please Note: In order to provide login credentials to your Skyward Family Access as soon as possible, we need your email address!**

Phone 1: () _____ - _____

Phone 2: () _____ - _____

Employer Name: _____

Work Phone: () _____ - _____ ext. _____

Emergency Contact: Y N Custodial Parent: Y N Can Pick Up: Y N

Relationship to Student	
Mother	Father
Stepmother	Stepfather
Grandparent	Guardian
Foster Parent	Family Friend
Other Relative: _____	

First Name: _____ Last Name: _____

Email Address: _____

****Please Note: In order to provide login credentials to your Skyward Family Access as soon as possible, we need your email address!**

Phone 1: () _____ - _____

Phone 2: () _____ - _____

Employer Name: _____

Work Phone: () _____ - _____ ext. _____

Emergency Contact: Y N Custodial Parent: Y N Can Pick Up: Y N

Relationship to Student	
Mother	Father
Stepmother	Stepfather
Grandparent	Guardian
Foster Parent	Family Friend
Other Relative: _____	

The most current grades and report cards are available in Skyward Family Access. Please contact the front office if you still wish to receive paper report cards.

Emergency Health Information

Please list any medical/health conditions and/or disabilities _____

Please list any food intolerances (such as milk or wheat) _____

Please list any diagnosed severe food/drug allergies _____

Insurance Provider _____ Policy # _____ Group # _____

Please list any medications the student is taking on a regular basis _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Hospital Name: _____ Phone: _____

Emergency Contacts					
List in order to be contacted. (Parents and Guardians listed on previous page do not need to be listed again.)					
Name	Relationship to Student		Home Number	Cell Number	Can check my child out of school
	Stepmother	Stepfather			YES / NO
	Grandparent	Family Friend			
	Other Relative: _____				
	Stepmother	Stepfather			YES / NO
	Grandparent	Family Friend			
	Other Relative: _____				
	Stepmother	Stepfather			YES / NO
	Grandparent	Family Friend			
	Other Relative: _____				
	Stepmother	Stepfather			YES / NO
	Grandparent	Family Friend			
	Other Relative: _____				

Information Updates and Accuracy of Information

If any of the information I have provided in this form changes during the course of the school year, I will contact my Child's school immediately to provide updated information. If I choose to withdraw my child from Alcoa City Schools for any reason, it is my responsibility to go to my child's school and complete a formal withdrawal prior to enrolling in another school system.

I certify that all of the information I have provided is true and correct and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. I certify that I am the legal parent/guardian/custodian of the child identified on this enrollment form.

_____ Please initial here that you have read and agree with the preceding statements

District Handbook Folder

Important state and federal policies are contained in the District Student/Parent Handbook folder. Please sign below to indicate that you received this folder, have had the opportunity to read it, and understand that it represents the policies and procedures used by Alcoa City Schools.

Parent/Guardian Signature _____ Date _____

Parental Consent

___ Y ___ N I agree the school system may send student information to institutions of higher education.

___ Y ___ N I agree the school system may send student information to military recruiters.

Parent/Guardian Signature _____ Date _____