

Completing this form constitutes parental permission for preparation of the pupil's cumulative record.

Information for Cumulative Record Oak Ridge, Tennessee

DATE: _____

PUPIL'S LEGAL NAME _____ **PREFERRED NAME** _____

ADDRESS _____
LAST FIRST MIDDLE

Is the child Hispanic? Yes No
 Race: (Please mark all that apply)

Primary Phone _____ Second Phone _____

_____ American Indian/Alaskan Native

Third Phone _____
(Work/Cell)

_____ Asian

_____ Black

PUPIL'S SOCIAL SECURITY NUMBER _____ - _____ - _____

_____ Hawaiian/Pacific Islander

_____ White

Gender _____ Birth Date _____ - _____ - _____ Mother's Maiden Name _____

Birth City _____ Birth County _____ Birth State _____

Emergency Contact Name _____ Emergency # _____ Relationship to the child _____

Emergency Contact Name _____ Emergency # _____ Relationship to the child _____

What is the first language this child learned to speak? English _____ Other _____
 What language does this child speak most often outside of school? _____
 What language do people usually speak in this child's home? _____

In order to attend Oak Ridge Schools' Preschool a student must be a legal resident of Oak Ridge. Legal residence is defined as living with a legal custodial parent or legal guardian who is domiciled in Oak Ridge. If the legal custodian or guardian moves out of the Oak Ridge city limits during the school year, parents/guardians must notify the Preschool immediately upon a change in residence.

<p>(Person with whom the child is living)</p> <p>Name _____</p> <p>Relationship to child _____ <small>(Own, Step, Foster, other _____) Circle one</small></p> <p>Date of Birth _____ - _____ Birthplace _____</p> <p>Primary Language _____ Education completed _____</p>	<p>Employed? Y ___ N ___ Full-time ___ Part-time ___</p> <p>Hours worked _____</p> <p>Employer _____</p> <p>Work Phone _____</p> <p>Student? Y ___ N ___ Full-time ___ Part-time ___</p> <p>Email address _____</p>
<p>Other Adult Responsible for Child:</p> <p>Name _____</p> <p>Address _____ <small>(If different from pupil)</small></p> <p>Relationship to child _____ <small>(Own, Step, Foster, Other _____) Circle one</small></p> <p>Date of Birth _____ - _____ Birthplace _____</p> <p>Primary Language _____ Education completed _____</p>	<p>Employed? Y ___ N ___ Full-time ___ Part-time ___</p> <p>Hours worked _____</p> <p>Employer _____</p> <p>Work Phone _____</p> <p>Student? Y ___ N ___ Full-time ___ Part-time ___</p> <p>Email address _____</p>
<p><u>If the child does not live with parents, the Preschool must have legal proof of guardianship.</u></p>	

Within the last two years, has your child been served by:

An Individual Education Plan (IEP/IFSP) _____ 504 Plan _____ Early Head Start _____
A Speech Program _____ Other _____

If yes to any of the above, please provide explanation or documentation. _____

Health Insurance: _____ **Is this insurance TNCare?** _____

Child's Doctor: _____ **Telephone:** _____

Child's Dentist: _____ **Telephone:** _____

Health problems or physical limitations: _____

Any additional information you feel is relevant to the enrollment and services of your child. _____

FAMILY INFORMATION

Child lives with: Both parents _____ One parent (specify) _____ One parent and step _____
Other (specify) _____

If divorced or separated, give approximate date. _____ Are there custody arrangements that will affect the school?

If either parent is not permitted to pick up the child, the Preschool must have legal Documentation restricting that parent's right to the child.

Caregiver (daycare, sitter, relative) _____

Brothers and Sisters

NAME	SEX	DATE OF BIRTH	GRADE & SCHOOL	NAME	SEX	DATE OF BIRTH	GRADE & SCHOOL

Siblings who attended the Preschool? _____

List others (adults and/or children) who live in the home: _____

- **NON-DISCRIMINATION POLICY:** No child will be discriminated against because of race, sex, color, national origin, religion or disability.
- **STATEMENT OF CONFIDENTIALITY:** Any information shared with your child's teacher, the Family Services Staff or any other Oak Ridge Schools' Preschool staff person will be kept confidential, unless you authorize release of information in writing. This, and all information pertaining to students, will be kept in locked files.

I certify that all of the above information 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 custodian/legal guardian/legal parent of the child identified on this enrollment form.

I certify that the income verification I have provided is accurate and complete for my household for the past twelve months.

PARENT/LEGAL GUARDIAN SIGNATURE _____ **DATE** _____

**OAK RIDGE SCHOOLS' PRESCHOOL
DEVELOPMENTAL AND FAMILY HISTORY**

Child's name _____ Today's date _____

How did you hear about the Oak Ridge Schools' Preschool?

Relative or friend ___ Newspaper ___ Other agency ___ Other _____

PREGNANCY AND BIRTH HISTORY

Child's birth weight _____ Was your child born in a hospital? Y___ N___

Did mother have any health problems during this child's pregnancy or delivery? Y___ N___ If yes, mark those that apply.

Toxemia___ Diabetes ___ Premature labor ___ C-Section ___ Induced Labor ___ Use of: Tobacco ___ Alcohol ___ Drugs ___

Other complications _____

Please explain. _____

Did your child have any health problems during the first year? Y___ N___ If yes, mark those that apply

Birth injury ___ Non-responsiveness ___ Failure-to-thrive ___ Breathing problems ___ Feeding Problems ___ Premature Birth ___ Other ___

Please explain. _____

CHILD'S HEALTH AND MEDICAL HISTORY

Has your child ever been hospitalized? Y___ N___ If yes, please explain _____

Doctor _____ Hospital _____ Length of stay _____

Dates _____

Does your child have any chronic medical/health problems? Y___ N___ If yes, mark those that apply.

Chronic ear infections ___ Sore throats ___ Urinary infection ___ High Temperatures ___ Skin disease ___

Digestive disorder ___ Asthma ___ Diabetes ___ Rheumatic fever ___ Blood or immune deficiency problem ___ ADD/ADHD ___

Other _____

Please explain _____

Does your child have a diagnosed or suspected mental illness or developmental delay? Y___ N___ If yes, please explain:

Diagnosis _____ Treatment _____ Doctor/therapist _____

Does your child have allergies? Y___ N___ If yes, please explain:

Allergen _____ Reaction _____ Allergen _____ Reaction _____

Allergen _____ Reaction _____ Allergen _____ Reaction _____

Has your child ever had a seizure? Y___ N___ If yes, please explain _____

Does your child have difficulty hearing? Y___ N___ If yes, please explain. _____

Does your child have difficulty seeing? Y___ N___ If yes, please explain. _____

Does your child have difficulty speaking? Y___ N___ If yes, please explain. _____

Does your child take any regular medications? Y___ N___

What medication? _____ Will s/he be taking them at home or at school? _____

FAMILY MEDICAL/HEALTH HISTORY

Does anyone in the family (siblings, parents, or other close relatives) have special needs or difficulties in the areas listed below?

	YES	NO	EXPLANATION
Learning			
Physical			
Emotional			
Behavioral			
Substance Abuse			
Mental Illness			

CHILD'S PHYSICAL, PSYCHOLOGICAL, AND SOCIAL DEVELOPMENT

PHYSICAL DEVELOPMENT

At what age did your child: Crawl _____ Walk _____ Talk _____ Dress self with help _____ Dress self alone _____

SLEEP HABITS

Does your child have a regular bedtime? Y ___ N ___

At what time does your child go to bed? _____ At what time does s/he wake? _____

Does s/he nap? Y ___ N ___

Does s/he have sleep problems; such as, sleepwalking, nightmares, etc? Y ___ N ___ If yes, please Explain.

EATING

Do you have any nutritional concerns? Y ___ N ___ If yes, please explain. _____

Do you consider your child: Overweight _____ Underweight _____

Does s/he take nutritional supplements? Y ___ N ___ If yes, please explain. _____

Has a doctor prescribed any dietary restrictions for your child? Y ___ N ___ If yes, please explain.

TOILETING

Is your child toilet trained? Y ___ N ___ During the day? Y ___ N ___ During the night? Y ___ N ___

If no, are you working on toilet training? Y ___ N ___

Does s/he need assistance? Y ___ N ___

How does your child tell you s/he needs to use the restroom? _____

BEHAVIOR

Does your child exhibit any of the following behaviors?

	YES	NO	EXPLANATION
Aggressiveness			
Resistance to Authority			
Tantrums			
Destructiveness			
Hyperactivity			
Short attention span			
Daydream			
Discipline			
Nervousness			
Depression/Sadness			
Fears/Anxiety			
Frequent crying			
Difficulty getting along with others			
Difficulty expressing himself			

Does your child demonstrate different behaviors than other children? Y ___ N ___ If yes, please explain.

Is there additional information you would like us to know about your child? _____

INCOME VERIFICATION for HEAD START, TITLE I, OR VOLUNTARY PRE-K

Head Start Income guidelines for 2011

Federal Register, Vol. 70, No. 33, February 18, 2005, pp. 8373-8375.

Family Size	Poverty Guideline	Family Size	Poverty Guideline
1	\$ 10,890	5	\$26,170
2	14,710	6	29,990
3	18,530	7	33,810
4	22,350	8	37,630

Add \$3,820 for each additional family member.

Title I & Voluntary Pre-K Income Guidelines for 2011

Family Size	Poverty Guideline	Family Size	Poverty Guideline
1	\$ 20,146	5	\$48,415
2	27,214	6	55,482
3	34,281	7	62,549
4	41,348	8	69,616

Add \$7,067 for each additional family member

Any of the following documents are acceptable to verify the previous 12 month's income for a Preschool applicant's family. If your family had multiple sources of income for the past 12 months, all of the income must be documented.

Please check (√) the document(s) that you are providing.

- | | |
|---|--|
| <input type="checkbox"/> Income tax return (1040, 1040EZ, 1040A) | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> W-2(s) | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Families First/TANF (printout from DHS) | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Social Security (notification letter for current year) | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Letter of verification from employer (12) | (# _____) |

Annual income _____ Number in family _____

The above income/benefits was received from _____ to _____ (the 12 months prior to entry)

I certify that all of the above information is true and correct and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws and dismissal from Oak Ridge Schools' Preschool.

Signatures:

Parent/Guardian _____ Date _____

I have examined the income verification for this application. Completed forms must be maintained in accordance with FERPA

Preschool Representative _____ Date _____

To be filled out by school:

Head Start Eligible Yes ___ No ___ Title I Eligible Yes ___ No ___ Voluntary Pre-k Yes ___ No ___