

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** _____
LAST FIRST MIDDLE

PUPIL'S PRIMARY ADDRESS _____
 (Must be an Oak Ridge resident to attend)

Race: (Please mark all that apply)
 Is the child Hispanic? Yes ___ No ___
 ___ American Indian/Alaskan Native
 ___ Asian
 ___ Black
 ___ Hawaiian/Pacific Islander
 ___ White

Primary Phone _____ Second Phone _____

PUPIL'S SOCIAL SECURITY NUMBER _____ - _____ - _____

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

Birth City _____ Birth County _____ Birth State _____

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 align="center">PUPIL'S LEGAL GUARDIAN</p> <p>Name _____</p> <p>Address _____</p> <p>Relationship to child _____ <small>(Own, Step, Foster, other _____) Circle one</small></p> <p>Date of Birth ____/____/____ Birthplace _____</p> <p>Highest level of education; HS diploma _____ GED _____ Some College _____ AA/AS _____ BA/BS _____ MA _____ DR _____</p> <p>Email address _____</p>	<p>Language – Primary _____ Secondary _____</p> <p>Hispanic? Y ___ N ___ Race(s) _____</p> <p>Employed? Y ___ N ___</p> <p>Employer _____</p> <p>Full-time ___ Part-time ___ Hours worked _____</p> <p>Work Phone _____</p> <p>Student? Y ___ N ___ Full-time ___ Part-time ___</p> <p>School _____</p>
<p align="center">2ND LEGAL GUARDIAN</p> <p>Name _____</p> <p>Address _____</p> <p>Relationship to child _____ <small>(Own, Step, Foster, other _____) Circle one</small></p> <p>Date of Birth ____/____/____ Birthplace _____</p> <p>Highest level of education; HS diploma _____ GED _____ Some College _____ AA/AS _____ BA/BS _____ MS _____ DR _____</p> <p>Email address _____</p>	<p>Language – Primary _____ Secondary _____</p> <p>Hispanic? Y ___ N ___ Race(s) _____</p> <p>Employed? Y ___ N ___</p> <p>Employer _____</p> <p>Full-time ___ Part-time ___ Hours worked _____</p> <p>Work Phone _____</p> <p>Student? Y ___ N ___ Full-time ___ Part-time ___</p> <p>School _____</p>
<p><u>Emergency Contact #1</u></p> <p>Name _____ Phone # _____</p> <p>Relationship to child _____</p>	<p><u>Emergency Contact # 2</u></p> <p>Name _____ Phone # _____</p> <p>Relationship to child _____</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/Clinic: _____

Telephone: _____

Child's Dentist/Clinic: _____

Telephone: _____

FAMILY INFORMATION

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

Current Daycare (daycare, sitter, relative) _____

If divorced or separated, give approximate date. _____ **If there are custody arrangements that will affect the school, we must have a copy of the legal documentation stating those arrangements.**

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.

Brothers and Sisters

NAME	SEX	DATE OF BIRTH	GRADE & SCHOOL	Primary Language/ Secondary Language	RACE(S)	Does child live in the home? Y/N

Siblings who attended the Preschool? _____

- **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.

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?

	<u>YES</u>	<u>NO</u>	<u>EXPLANATION</u>
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? _____

Diet Restrictions? Y___ N___ If yes, explain _____

Any medications child will be taking at school? Y___ N___ If yes, explain _____

Is your child the dependent of an active duty military member? Y___ N___ the dependent of a Reserve military member? Y___ N___

the dependent of a National Guard member? Y___ N___

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

Head Start Income guidelines for 2016

Federal Register, Vol. 81, No. 15 (January 25, 2016) Pages 4036-4037

<u>Family Size</u>	<u>Poverty Guideline</u>	<u>Family Size</u>	<u>Poverty Guideline</u>
1	\$ 11,880	5	\$ 28,440
2	16,020	6	32,580
3	20,160	7	36,730
4	24,300	8	40,890

Add \$4,160 for each additional family member.

Title I & Voluntary Pre-K Income Guidelines for 2016

<u>Family Size</u>	<u>Poverty Guideline</u>	<u>Family Size</u>	<u>Poverty Guideline</u>
1	\$ 21,978	5	\$ 52,614
2	29,637	6	60,273
3	37,296	7	67,951
4	44,955	8	75,647

Add \$7, 696 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"/> Families First/TANF (printout from DHS)
<input type="checkbox"/> SSI (notification letter for current year)
<input type="checkbox"/> Letter of verification from employer (12) | <input type="checkbox"/> Unemployment Compensation
<input type="checkbox"/> Worker's Compensation
<input type="checkbox"/> Child Support
<input type="checkbox"/> Foster Care (# _____) |
|--|--|

Annual income _____ Number in family _____

Child Support Payments (monthly/yearly) _____

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:

Eligibility
 Head Start _____ Pre-K _____ Title I _____ Special Education _____ Other _____

Basis For Acceptance

Head Start
 Income _____ 101-130%Over Income _____ 10% Over Income _____ Public Assistance _____ Foster Child _____ Homeless _____
(other selection criteria alone)

Pre-K
 Income _____ State Custody _____ Homeless _____ ELL _____ Disability _____ At risk due to circumstances of abuse or neglect _____

Title I
 Income _____ Other Risk Factors _____

Special Education (current IEP) _____
Other (determined by Selection Criteria alone) _____