

DATE OF APPLICATION: \_\_\_\_\_ TIME OF APPLICATION: \_\_\_\_\_ a.m./p.m.

IF YOUR CHILD TURNS 5 YEARS OLD BEFORE AUGUST 15, HE/SHE IS NOT  
ELIGIBLE FOR PRESCHOOL

Child's Name: \_\_\_\_\_ Brigrance Score: \_\_\_\_\_

## Preschool Checklist

- Verification of Income
- Birth Certificate
- Proof of Residency
- Current Physical      Dr. Appt. Date: \_\_\_\_\_
- Social Security Card
- Immunization Record

**This form is an application only.** Completing this form does not guarantee that this child will be admitted into the program. **First priority is given to those children who are economically disadvantaged.** Letters of notification of acceptance will be mailed beginning the first of July.



For Office Use Only
<b>Please Circle One</b>
<b>Income Eligible: Yes / No</b>
If yes, and enrolled, student should be classified as (L) in student information system

**2019-20**

**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	
Siblings met eligibility for Free or Reduced Price Meal Program in 2018 - 2019 school year				

**\*If submitting proof of qualifying for any of the above programs, you do NOT need to complete Part C.**

**STOP! SEE NOTE AT BOTTOM OF PAGE.**

**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		\$ -
<b>Total Annual (Yearly) Income</b>						\$ -

**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: \_\_\_\_\_

School Requested: First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_

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: \_\_\_\_\_

**ONLY FILL OUT PRINTED NAME OF APPLICANT, APPLICANT SIGNATURE,  
& TODAY'S DATE. THE TEACHER WILL FILL OUT PARTS C & D.**

## Pre K Student Data Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Student resides with \_\_\_\_\_ Relation \_\_\_\_\_ Legal Guardian Y or N

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender *M* or *F* Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Ethnicity (Circle one.) *Hispanic* *Non-Hispanic* Race (Circle all that apply.) *White* *Black* *Indian* *Asian* *Pacific Islander* US Citizen Y or N

Birth City \_\_\_\_\_ Birth County \_\_\_\_\_ Birth State \_\_\_\_\_ Birth Country \_\_\_\_\_

Home Language \_\_\_\_\_ Primary Language \_\_\_\_\_ Limited English Proficient Y or N

Does your child have a diagnosed disability? (IEP) Y or N IEP from Local Education Association? Y or N IEP attached? Y or N

Is a parent of your child incarcerated? Y or N Is a parent of your child a teen parent? Y or N

Mother's Full Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Language *English* or *Non-English* Active Military Y or N Active Member of Reserves Y or N Active Member of Guard Y or N

Residence (911 Address) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Email Address \_\_\_\_\_ Can pick up student at school Y or N

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employment Address \_\_\_\_\_

Number you preferred to be notified by Emergency Notification System (School Messenger) \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Language *English* or *Non-English* Active Military Y or N Active Member of Reserves Y or N Active Member of Guard Y or N

Residence (911 Address) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(If different from mother's 911 address)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(If different from mother's mailing address)

County \_\_\_\_\_ Email Address \_\_\_\_\_ Can pick up student at school Y or N

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employment Address \_\_\_\_\_

*A copy of the legal court order regarding child's custody must be on file at current school if student does not reside with both parents. A legal custody order is required from any guardian other a parent.*

Guardian's Full Name \_\_\_\_\_

Language *English* or *Non-English* Active Military Y or N Active Member of Reserves Y or N Active Member of Guard Y or N

Residence (911 Address) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Email Address \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employment Address \_\_\_\_\_

Number you preferred to be notified by Emergency Notification System (School Messenger) \_\_\_\_\_