



# Pre-K



## Tipton County Pre-K Application

May 7, 2020 11:30 a.m. – 6:00 p.m.

May 14, 2020 8:00 a.m. – 3:00 p.m.

Requirements for applying for the Pre-K Program:

- ❖ The child must be **4 years old by August 15, 2020.**
- ❖ The parent must complete an **Income Eligibility Form.**
- ❖ **Proof of Income** (one of the following: check stub, W-2 forms, Income Tax forms, or Proof of Food Stamp eligibility.)
- ❖ The parent must complete an **Application.**
- ❖ **One (1) proof of County Residency** (E-911 address) is required. (Examples: electric bill, water bill, etc.)
- ❖ The parent must provide a **Birth Certificate** or officially acceptable evidence of date of birth.

Upon acceptance into the program, parents must provide:

- ❖ **Proof of Physical Examination** (within 1 calendar year)
- ❖ Proof of Immunization on a **Tennessee Certificate of Immunization Form** from the Health Department or Physician's office.

\*\*\* ALL Requirements listed above must be completed and submitted before any child is eligible. Students will NOT be placed on any list until ALL paperwork has been received. In other words, students will be placed on a list according to the date paperwork and documents are complete and returned to school

\*\*\* Pre-K is an income-based program and first priority will go to those families that qualify.

\*\*\* Completing the Tipton County Application Packet does NOT necessarily guarantee enrollment in the Pre-K Program. Non-qualifying students will NOT be notified until after school has started.

\*\*\* Non-qualifying students are placed on a waiting list. Once all Qualifying students are placed, non-qualifying students will receive notice informing them of their status as soon as possible after the beginning of school.



# Tipton County Schools Pre-K Enrollment Form



Registration is NOT official until address is verified.

Name: \_\_\_\_\_  
(last) (first) (middle)

Sex: Male/Female Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ Phone: \_\_\_\_\_

Race: (circle one) Asian Black Hispanic Indian Hawaiian/Pacific Islander White

Is English your Primary Language? Yes/No Do you have a Special Education IEP? Yes/No

Custody/Guardian: Both Parents Father Mother Grandparents Other \_\_\_\_\_

Previous Preschool Experience: Yes/No If Yes, where? \_\_\_\_\_

\*\*\*\*\*

Birth Country: \_\_\_\_\_ Birth State: \_\_\_\_\_ Birth County: \_\_\_\_\_

Birth City: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

### Student's Legal/Physical Residence:

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

911 Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ P.O. Box \_\_\_\_\_

Parent's Email: \_\_\_\_\_

### In Case of Emergency Contact: (after trying to reach parents listed above first)

1<sup>st</sup> Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3<sup>rd</sup> Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_



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

**2020-21**

**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
B.	Unemployment	E.	Retirement	H.	Child Support
C.	Workman's Comp	F.	Social Security	I.	Alimony
				J.	SSI Disability
				K.	Other - please list ↓

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>						<b>\$ -</b>

## Part D - INCOME VERIFICATION

Please check (✓) all documents submitted as Proof of Income or Program Participation.

<input type="checkbox"/>	Pay Stub / Verification of pay by employer	<input type="checkbox"/>	Retirement Documentation	<input type="checkbox"/>	Foster Care Reimbursement
<input type="checkbox"/>	W-2 Form	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	SSI Documentation
<input type="checkbox"/>	Income Tax Form 1040A or 1040	<input type="checkbox"/>	Veteran's Benefit Letter	<input type="checkbox"/>	TANF Documentation
<input type="checkbox"/>	Unemployment Compensation	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	AFDC / Public Assistance Payment
<input type="checkbox"/>	Workman's Compensation Documentation	<input type="checkbox"/>	Alimony Documentation	<input type="checkbox"/>	TennCare Verification
<input type="checkbox"/>	Pension Stubs	<input type="checkbox"/>	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.  
Completed forms must be maintained in accordance with FERPA.

Printed Name / Title of LEA employee: \_\_\_\_\_

Signature of LEA employee: \_\_\_\_\_

Date Reviewed by LEA employee: \_\_\_\_\_

**2020-21**  
**La solicitud para decidir la elegibilidad de los ingresos para la investigación preescolar voluntaria**

Rellenar este impreso NO resulta en la clasificación del estudiante para comidas escolares gratis y a precio reducido.

Nombre del Estudiante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Número del Seguro Social de la Estudiante: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_  
(mes/día/año)

Nombre en letre de molde del solicitante o de uno de los padres: \_\_\_\_\_ Relación a estudiante (padre/madre) \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Teléfono de su casa: ( ) \_\_\_\_\_ Teléfono de su trabajo: ( ) \_\_\_\_\_ Número celular: ( ) \_\_\_\_\_

**Parte A - Información de la Familia**  
**Por favor, lista información sobre su familia**

**Sección 1**

	Nombres de otro niños en su casa:	Fecha de Nacimiento	Nombre de Escuela	Grado
1.				
2.				
3.				
4.				
5.				

**Sección 2**

	Nombres de otros adultos en la casa:	Relación a estudiante (por ejemplo: padre/madre):
1.		
2.		
3.		
4.		
5.		

Cuántas personas que viven en la casa: \_\_\_\_\_

**Parte B - participación en el programa**

Por favor, marca (✓) si su hijo/a o su familia participa en uno de esos programas (la documentación)

(✓)		(✓)		(✓)		(✓)	Case #
	Early Head Start		Foster Care		Migratorio		Families First (TANF)
	Head Start		Sin Hogar				Food Stamps / EBT

**Si presenta documentación de las programas como se dice más arriba, no es necesario completar Parte C.**

### Parte C - Suma de Ingresos de Hogar

Por favor, lista TODOS LOS INGRESOS de la familia y con qué frecuencia recibe.

Falsificación de la información de ingreso, residencia, o otras preguntas resulta en dimisión de la investigación.

#### Ingreso Instrucciones

De la lista debajo, por favor escriba El Código de los Ingresos en el espacio e indique el tipo de ingreso que recibe. También, por favor escriba el suma en un mes y multiplica de el número de meses que recibe este tipo de ingreso. Calcule el total por un año.

Codigo de los Ingresos							
A.	Ingreso del trabajo	D.	Pension(es)	G.	Beneficios de Veteranos	J.	Ingresos del seguro de discapacidad
B.	Cheque for desempleo?	E.	El fondo de retiro	H.	Manutención de los hijos	K.	Otro - por favor, lista ↓
C.	Compensación al Trabajadore	F.	Seguro Social?	I.	Alimentos		

Nombre de Adulto	Empleador (si aplicable)	Código de Ingresos	Pago en un mes	Multiplica de:	Cuantos meses usted recibe este ingreso	Suma
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
<b>Suma de Ingresos en un año</b>						<b>\$ -</b>

### Parte D - Verificación de los Ingresos

Por favor marca (✓) todos que has presentado en sus comprobantes de ingreso.

<input type="checkbox"/>	Talon de pago/verificación de empleador	<input type="checkbox"/>	Retiro Documentación	<input type="checkbox"/>	Cuidado de crianza documentación
<input type="checkbox"/>	W-2 Forma	<input type="checkbox"/>	Seguro Social	<input type="checkbox"/>	SSI Documentación
<input type="checkbox"/>	Income Tax Forma 1040A or 1040	<input type="checkbox"/>	Letra de los Veteranos	<input type="checkbox"/>	TANF Documentación
<input type="checkbox"/>	Desempleo Forma	<input type="checkbox"/>	Manutención de los hijos	<input type="checkbox"/>	AFDC / Public Assistance Payment
<input type="checkbox"/>	Documentación de Compensación al Trabajadore	<input type="checkbox"/>	Documentación de los Alimentos	<input type="checkbox"/>	TN Care Verificación
<input type="checkbox"/>	Pension(es)	<input type="checkbox"/>	Otro (Lista): →		

Certifico que toda la información en esta solicitud es verdadera y correcta. Entiendo que falsificar intencionalmente de los ingresos o la dirección puede resultar en dimisión de la programa Pre-K.

Nombre en letra de molde del solicitante: \_\_\_\_\_

SSN #: \_\_\_\_\_

Firma de solicitante: \_\_\_\_\_

Fecha: \_\_\_\_\_

Sólo por uso oficial. No escriba debajo de esta línea.

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: \_\_\_\_\_