



Hamilton County Voluntary Pre-K Program

2023-2024

Pre-Kindergarten Family Information and Application

3074 Hickory Valley Road
Chattanooga, TN 37421
Phone: 423-498-7131
E-Mail: covington_becky@hcde.org
www.hcde.org

**Hamilton County Department of Education
Pre-K Program
3074 Hickory Valley Road
Chattanooga, TN 37421
(423) 498-7131**

Thank you for your interest in the Hamilton County Schools Voluntary Pre-Kindergarten program. Our program is designed to serve our most at-risk student populations and is funded by Title I and/or State funds. State and federal guidelines must be followed for enrollment in the program. Unfortunately, not every child who applies for the Pre-Kindergarten program will be accepted.

Students who are accepted for enrollment must meet the eligibility guidelines in order to fulfill federal and state criteria. Administrators and teachers will review information related to your child's zone school, screening assessment results, and family income level to determine if he/she meets the criteria for enrollment.

Families are encouraged to register at their zoned school if a Pre-K class is available at that location. This will allow your child a seamless transition into kindergarten and his/her remaining elementary years. Please note: If you register and are accepted at a school that is NOT your zoned school, your child must register at his zoned school upon entrance into kindergarten.

Hamilton County's Pre-K program is an all-day program. Students are to attend 6.5 hours. We are NOT a drop-in, part time program. Students are expected to arrive on time and be in attendance everyday. Parents must commit to the state's attendance policy. Our program follows the school calendar for Hamilton County Schools.

Again, thank you for your interest in our Pre-K program. You will receive a letter informing you of your child's enrollment status after all information is reviewed and required documentation is submitted.

Sincerely,
Becky W. Covington
Director of Pre-K Programs

**Requirements for Students Applying for Pre-Kindergarten
Hamilton County Department of Education
2023-2024**

All Pre-Kindergarten students who apply to Hamilton County's Voluntary Pre-K Program **are required to have the five (5) documents listed below at registration time:**

1. An Original CERTIFIED COPY OF BIRTH CERTIFICATE (Child must be 4 years old by August 15, 2023)

2. SOCIAL SECURITY CARD (We will make a copy of your original)

3. PROOF OF INCOME

4. TWO PROOF'S OF RESIDENCY

(Examples: lease or mortgage statement, any utility bill's (electric, gas, water, phone, cable), insurance or government documents in the parent(s) or guardian's name). If the parent or guardian is unable to produce two (2) of either of these documents, they must contact our Office of Equity at 498-7104 for assistance.

5. TENNESSEE IMMUNIZATION CERTIFICATE WITH CURRENT PHYSICAL EXAM

(This certificate has Both immunization and physical exam information) or **Proof of Appointment for the physical exam** (If student is entering Hamilton County Schools for the first time, the physical exam must have been completed within the last 12 months.)

Children entering Pre-School or Pre-Kindergarten:

Current immunization requirements:

- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Poliomyelitis (IPV or OPV)
- Measles, Mumps, Rubella (1 dose of each, usually given together as MMR)
- Varicella (1 dose or history of disease)
- Hepatitis B (HBV)
- Haemophilus influenza type B (Hib): age younger than 5 years only
- Pneumococcal conjugate vaccine (PCV): age younger than 5 years old.
- Hepatitis A (1 dose by 18 months of age)

If your child is in need of any immunizations listed above or in need of a physical exam, please contact your child's medical provider. You may contact the Hamilton County Health Department for a certified copy of your child's birth certificate. Please do not wait to obtain any of these documents. Taking time now to obtain these documents will help decrease the waiting time during the application process.

6. A complete HCS PreK Application

Please present the school with all six (6) of these documents when your child applies. Thank you in advance or your cooperation.

Los requisitos para estudiantes que van a empezar Pre-Kinder DEPARTAMENTO DE EDUCACIÓN DEL CONDADO DE HAMILTON 2023-2024

Todos los estudiantes de Pre-Kinder que se inscriban al Programa Voluntario de Pre-Kinder del Condado de Hamilton se les requieren tener los cinco (5) documentos enumerados a continuación al inscribirse:

1. Una copia original del CERTIFICADO DE NACIMIENTO (El niño debe haber cumplido los 4 años el 15 de agosto o antes)

2. TARJETA DE SEGURO SOCIAL (Le haremos copia a la tarjeta original)

3. COMPROBANTE DE INGRESOS

4. COMPROBANTE DE DOMICILIO (Ejemplos: un acuerdo de arriendo, cuenta de servicios públicos-electricidad, agua o gas, que estén a nombre del padre de familia o guardián)

5. CERTIFICADO DE VACUNAS DE TENNESSEE CON UN EXAMEN FÍSICO ACTUALIZADO (Este certificado tiene información sobre las vacunas y el examen físico) o Prueba de la cita para el examen físico (Si el estudiante entra en las escuelas del condado de Hamilton por primera vez, el examen físico debe haber sido completado durante los últimos 12 meses).

Los niños iniciando Pre-Escolar o Pre-Kinder:

Las vacunaciones actualmente requeridas:

- Difteria-Tétano-Tosferina (DTaP, o DT si aplica)
- Poliomielitis (IPV o OPV)
- Sarampión, Paperas, Rubeola (1 dosis de cada una, regularmente a la vez: MMR)
- Varicela (1 dosis o haber tenido la enfermedad)
- Hepatitis B (HBV)
- Haemophilus influenza tipo B (Hib): solo para menores de 5 años
- Vacuna neumocócica conjugada (PCV): para menores de 5 años.
- Hepatitis A (1 dosis antes de los 18 meses de edad)

Si su niño/a necesita cualquiera de las vacunas enumeradas arriba o necesita un examen físico, por favor contactar al proveedor de cuidados médicos de su hijo/a. Usted puede contactar al Departamento de Salud del Condado de Hamilton para obtener una copia certificada del certificado de nacimiento de su hijo/a. Por favor no espere para obtener estos documentos. Tómese el tiempo para hacerlo ya para reducir el tiempo de espera durante el proceso de inscripción.

6. Una solicitud completa de PreK HCS

Por favor presentarse a la escuela con todos los sies (6) documentos en mano para inscribir a su hijo/a. De antemano, gracias por su cooperación.

Pre-Kindergarten Eligibility Criteria 2023-2024

The following criteria determine eligibility into the pre-kindergarten program for the 2023-2024 school year. All programs are designed to serve “at risk” children. Eligibility requirement for ALL Pre-K students is they **MUST BE 4 YEARS OLD ON OR BEFORE AUGUST 15, 2023**. Pre-K classes located in HCDE schools, at least half of the students should be zoned for that school.

Title I Funded Pre-K Sites Child MUST be zoned for a Hamilton County Title I Elementary School

Students who are automatically eligible include:

- Children who participated in Head Start or a Title I preschool program at any time in the past two years
- Children who received services under Part C or Title I (migrant education) in the past two years
- Homeless preschool-age children
- Children who are in a local institution for neglected or delinquent children and youth or attend a community-day program (Ex. Bethel, Tennessee Baptist Children’s Home)
- Other preference criteria include (determined by a rubric which includes points for each criteria):
- Children who meet federal income guidelines for free or reduced meals

State and Lottery Funded Pre-K Sites

Children who **meet the income guidelines** and have had a military parent killed in action, declared missing in action or declared a prisoner of war have first priority.

The first at-risk factor for consideration must be qualification based on family income as determined by the TN Department of Education US Health and Human Services Poverty Guidelines.

Children must be zoned for a Hamilton County Department of Education elementary school.

Other criteria to be considered after at-risk children are enrolled are children who are closest to qualifying for free or reduced meals. Children who are within the \$5,000 range of qualifying for free or reduced meals or increments of \$5,000 thereafter.

Other criteria include but are not limited to children who are English language learners or qualify for exceptional education services.

After all these criteria have been satisfied other children may be considered.

Head Start Sites

Children must be income eligible first and meet Head Start criteria.

Attendance Requirements

Pre-Kindergarten enrollment is limited at this time due to funding. Full-time enrollment **is required for entry** into this program because it was not designed to be a drop-in or part-time program. All children are enrolled on a full-time basis only and **are expected to attend every day, all day**. Participation in the TN-VPK is voluntary and parents may withdraw their child at any time. **Excessive unexcused absences, late arrivals and /or early dismissals could result in dismissal from the program.**

The following guidelines/procedures will be implemented in Hamilton County Voluntary Pre-Kindergarten Programs:

When a student reaches **five (5) unexcused absences OR tardies/early dismissals**, the teacher is responsible for sending the HCDE approved Attendance Notification Letter. The teacher is required to keep a copy of this letter in a designated notebook or file. A copy of this letter is to be sent to the office of Pre-K programs.

Upon receipt of the Attendance Notification Letter, if the parent disagrees with the number of absences, it is their responsibility to contact the teacher for an attendance meeting and to provide documentation to support claims.

When the student reaches **ten (10) or more unexcused absences OR tardies/early dismissals**, the student will be referred to the PreK Director. The teacher will need to fully complete the referral and attach a copy of the Student Registration Form, a copy of the signed Attendance Contract, and a copy of the Attendance Notification Letter.

If absences continue after the signed referral, the Director may initiate interventions and/or dismissal procedures. If dismissal procedures are necessary, a letter will be mailed to the parent/guardian. This notice shall serve as intent to provide final supports to help family with attendance issues. If the attendance continues to be an issue, the Director of Pre-Kindergarten Programs will contact the State Department of Early Learning for assistance in dismissal procedures.

Parent/Guardians will be required to sign a statement of understanding for the Attendance Policy.

<p><u>Allen Elementary(1) *State</u> 9811 Dallas Hollow Road Soddy Daisy, TN 37379 Phone 423-843-4713</p>	<p><u>Harrison Elementary School (2) *Title I</u> 8098 Ferdinand Piech Way Chattanooga, TN 37416 Phone (423) 344-1428</p>
<p><u>Apison Elementary (1) *State</u> 10433 E. Brainerd Road Apison, TN 37302 Phone 423-498-6895</p>	<p><u>Lookout Valley Elementary School (1) *State</u> 701 Brown's Ferry Road Chattanooga, TN 37419 Phone (423) 825-7370</p>
<p><u>Battle Academy for Teaching and Learning (1) *State/*Title I</u> 1604 Market Street Chattanooga, TN 37402 Phone (423) 498-6860</p>	<p><u>Middle Valley Elementary School (2) Head Start/State</u> 1609 Thrasher Pike Hixson, TN 37343 Phone (423) 843-4700</p>
<p><u>Brown International Academy (2) State/*Title I</u> 718 E. 8th Street Chattanooga, TN 37403 Phone (423) 498-6870</p>	<p><u>North Hamilton County Elementary School (1) *State</u> 601 Industrial Boulevard Sale Creek, TN 37373 Phone (423) 332-8848</p>
<p><u>Daisy Elementary School (1)*State</u> 620 Sequoyah Road Soddy-Daisy, TN 37379 Phone (423) 332-8815</p>	<p><u>Ooltewah Elementary School (2) *State</u> 8890 Snowy Owl Road Ooltewah, TN 37404 (423)498-6900</p>
<p><u>Calvin Donaldson Environmental Science Academy (2) *State</u> 927 West 37th Street Chattanooga, TN 37410 Phone (423) 825-7337</p>	<p><u>Orchard Knob Elementary School (2)*Head Start/*State/*Title I</u> 400 Orchard Knob Avenue Chattanooga, TN 37404 Phone (423) 493-0385</p>
<p><u>East Brainerd Elementary School (2) *Head Start/*State</u> 7660 Goodwin Road Chattanooga, TN 37421 Phone (423) 855-2600</p>	<p><u>Red Bank Elementary School (2) *State/*Title 1</u> 1100 Mountain Creek Road Chattanooga, TN 37405 Phone (423) 874-1917</p>
<p><u>East Ridge Elementary School (2) *Head Start/State</u> 1014 John Ross Road Chattanooga, TN 37412 Phone (423) 493-9296</p>	<p><u>Rivermont Elementary School (2)*Title I</u> 3330 Hixson Pike Chattanooga, TN 37415 Phone (423) 870-0610</p>
<p><u>Hardy Elementary School (2) *Title I</u> 2100 Glass Street Chattanooga, TN 37406 Phone (423) 493-0301</p>	<p><u>Spring Creek Elementary School (1)*State</u> 1100 Spring Creek Road Chattanooga, TN 37412 Phone (423) 855-6138</p>

<p><u>Snow Hill Elementary School (2)*State</u> 9042 Career Lane Chattanooga, TN 37363 Phone (423) 344-1456</p>	<p><u>Wolftever Creek Elementary School (2) *State</u> 5080 Ooltewah-Ringgold Road Ooltewah, TN 37363 Phone (423) 933-3671</p>
<p><u>Soddy Elementary School (1)*State</u> 260 School Street Soddy-Daisy, TN 37379 Phone (423) 332-8823</p>	<p><u>Woodmore Elementary School (2)*Head Start/*State/*Title I</u> 800 Woodmore Lane Chattanooga, TN 37411 Phone (423) 493-0394</p>
	<p><u>Wallace A. Smith Elementary (1)*State</u> 6930 Lebron Sterchi Drive Ooltewah, TN 37363 Phone (423) 344-1425</p>

Community Based Centers

<p><u>Avondale Head Start Center (3) *Head Start/*State</u> 2302 Ocoee Street Chattanooga, TN 37406 Phone (423) 643-6500</p>	<p><u>Chambliss Center for Children (2) *State</u> 315 Gillespie Road Chattanooga, TN 37411 Phone (423) 698-2456</p>
<p><u>Cedar Hill Head Start Center (2) *Head Start/State</u> 4701 Divine Avenue Chattanooga, TN 37407 Phone (423) 867-3236</p>	<p><u>Montessori Elementary of Highland Park (1)</u> 700 S. Hawthorne Street Chattanooga, TN 37404 423-541-9822 CONTACT MONTESSORI FOR APPLICATION PROCESS</p>

Site Name(Escuela) _____ Date(Fecha) _____

Student(Estudiante) _____
last name(apellido) first(nombre) middle name(segundo nombre)

Student Address(domicilio) _____
Number/Street (numero y calle) City(ciudad) State(estado) Zip(codigo postal)

Home Phone(telefono-hogar) _____ Cell(cellular) _____ Age(edad) _____

Birthdate(fecha de nacimiento) _____ Place of Birth(lugar) _____
City/County/State/Country (ciudad/pais)

Birth Certificate#(N° acta de nacimiento) _____ Social Security#(Seguro social) _____

Student lives with?(El niño vivo con?) Both Parents Mother Father Other _____
ambos padres madre padre otro

Custodial Parent or Legal Guardian(padre de custodia o su tutor legal) _____

Race Asian Black Hispanic Indian White Pacific Islander Other _____
(Raza) asiático negro hispano indio blanco isleño del pacífico otro

Sex(género) Female(femenino) Male(masculine) E-mail Contact _____

Mother-Name(Last, First) (Madre-apellido, nombre) _____

Mother's maiden last name _____

Address, if different (domicilio si es diferente) _____ Home Phone(teléfono) _____

E-mail Address (el correo electronico) _____

Employer (empleado) _____
Name(nombre) Address(domicilio)

Business Phone (teléfono de empresa) _____ Occupation/(profesión) _____

Father-Name (Last, First) (Padre-apellido, nombre) _____

Address, if different (domicilio si es diferente) _____ Home Phone(teléfono) _____

Employer (empleado) _____
Name(nombre) Address(domicilio)

Business Phone (teléfono de empresa) _____ Occupation/(profesión) _____

Name of Legal Guardian (if other than parent) (Tutor legal) _____

Address (domicilio) _____ Home Phone(teléfono) _____

Employer (empleado) _____
Name(nombre) Address(domicilio)

Business Phone (teléfono de empresa) _____ Occupation/(profesión) _____

Emergency Contact _____
(contacto para emergencias) Name(nombre) Address(domicilio) Phone Number(teléfono)



Previous school/preschool(escuela anterior/preKinder) _____
Name(nombre) Address(domicilio) Phone (teléfono)

Name of person completing this application _____
(Nombre completo de la persona que llena este formulario)

Relationship to Student (Relación con el Estudiante) _____

Brother/Sister (ages)hermanos-edades _____

Child's Relationship to Parent/Guardian (Parentesco con el niño al tutor):

- Natural/Adopted/Step (hijo natural/adoptado/ hijastro)
- Grandchild (nieto)
- Niece/Nephew (sobrino)
- Foster
- Sibling (hermano)
- Other (otro)

Custody(custodia): Yes/Si No

Required documentation(documentación necesaria): Yes/si No

**Has your child attended a Head Start/Early Head Start Program? _____ Yes/si _____ No
(¿Este niño(a) ha atendido previamente Early Head Start o Head Start?)

Name and Location of Head Start Class (nombre y ubicación del Head Start): _____

Enrollment dates in Head Start (Fechas de inscripción en Head Start) _____

English Proficiency(habilidad en inglés): None/ninguna Little/un poco Moderate/regular Proficient/ competente

Other Language (otro idioma) _____

Other Language Proficiency/competencia en otro idioma: None/ninguna Little/un poco Moderate/regular
Proficient/competente

**Does your child have an IEP for Speech or Language or other disability? Tiene su hijo un IEP para otra discapacidad o lenguaje o del habla?
 Yes/ si No If yes, where is the child receiving services and with whom? ¿Si sí, dónde el niño recibe servicios y con quien? _____

**Is the family Homeless? La familia no tiene hogar Yes/si No (as determined by McMcKinney-Vento Homeless Assistance Act) *Please complete Family Transition Education Program form.* (determinada por la ley de asistencia a personas sin hogar McMcKinney-Vento) complete el formulario de programa de Educación de transición familiar.)

**Was a parent in the military killed in action, declared missing in action, or declared a prisoner of war? Murió un padre víctima de la acción del servicio military, declarado desaparecido en acción o declarado prisionero de guerra?
 Yes/si No (Please provide documentation/Por favor provea documentación)

**Are you a Migrant Family (es familia migratoria): Yes/si No *Please complete Migrant Education Program Occupational Survey form* (Por favor complete migrante educación programa encuesta ocupacional.)

**Does the child reside in a local institution for neglected or delinquent children and youth or attend a community-day program for neglected or delinquent children and youth?(¿El niño reside en una institución local para jóvenes y niños abandonados o delincuentes o asistir a un programa de día de la comunidad para jóvenes y niños abandonados o delincuentes?) Yes/si No If yes, name of institution or program (En caso afirmativo, nombre de institución o programa) _____

Any falsification of information concerning income, residence, birth certificate and/or any information on this application and other PreK application forms may be reason for dis-enrollment. (Cualquier falsificación de información referente a ingresos, residencia, certificado de nacimiento o cualquier información en esta solicitud y otros formularios de solicitud de PreK puede ser la razón podría provocar que se dé de baja.)

NOTICE OF NONDISCRIMINATION

It is the policy of the Hamilton County Board of Education not to discriminate on the basis of sex, race, national origin, creed, age, or religion in any of the programs or practices in the school system. A complaint may be filed by anyone who has a grievance regarding discrimination as set forth in one of the following statutes: (1)The Rehabilitation Act of 1972, Section 504; (2) Title VI of the Civil Rights Act of 1964; or (3) Title IX of the Educational Amendments of 1972. You may reach the office Equity for Hamilton County School at 423-498-7104.

Teacher _____ Pre-K Location _____

STUDENT HEALTH HISTORY

Student health information within the school is limited to the information necessary to serve the student's educational and health interests.

Student Name _____ Grade PreK Date _____

Please let us know your child's health needs by completing this form.

- My child has no health problems.
- Is your child on medication yes no If yes, please list _____
- My child's health needs include the following conditions:
 - Allergies, include food allergies, please list _____
What happens? _____
Is EpiPen Prescribed? Yes No (If yes, parent must provide EpiPen)
 - Bee Sting Allergy, What happens? _____
Is EpiPen Prescribed? Yes No (If yes, parent must provide EpiPen)
 - Asthma Is inhaler used? Yes No If yes, how often? _____
What medications are taken for asthma? _____
 - Diabetes What medications are taken? _____
Any special procedures during the school day? _____
 - Hearing Problem: Please describe _____
 - Vision Problem: Wears glasses? Yes No Wears contacts? Yes No
 - ADD or ADHD Diagnosed: What medications are taken? _____
Will medication be needed in school? Yes No, When? _____
 - Bone/Joint problem or fractures? Which bones or joint? _____
Is a brace worn? Yes No
 - Seizures What type? _____ Date of last seizure _____
Medication taken _____
 - Episode of loss of consciousness: When? _____
Any special treatment? _____
 - Emotional concerns: List _____
- List any other recurrent medical problem or illness: _____

Name of Student's doctor _____ Phone _____

Please contact pre-k personnel for medication forms if your child needs medication at school, including inhalers for asthma or EpiPen for severe allergic reactions.

Health History Informed Consent

Your signature gives permission for pre-k staff to take precautions and procedures to protect your child in the classroom and to foster academic success. Your signature is an informed consent to share this health history information with pre-k staff on a need-to-know basis for emergency plans and to take actions in the event of an emergency to provide care for your child.

Parent/guardian signature _____ Date _____ Phone number _____

If your child is taking any medication on a regular basis please complete a medication form.

Maestro(a) _____ Sitio/Pre-K _____

HISTORIA DE SALUD DEL ESTUDIANTE

Información de salud del estudiante dentro de la escuela se limita a la información necesaria para servir los intereses educativos y los de salud del estudiante.

Estudiante _____ Grado PreK Fecha _____

Por favor háganos saber las necesidades de salud de su hijo completando este formulario.

Mi hijo no tiene problemas de salud.
 ¿toma su hijo medicamento? si no si es si indique el medicamento _____

Las necesidades de salud de mi hijo incluyen las siguientes condiciones:

Alergias , incluya alergias a los alimentos, por favor, _____
 ¿Que le pasa? _____
 Tiene EpiPen Recetado? Si No (Si contesto si es necesario proporcione la EpiPen)

Alergia a la picadura de abeja, ¿Que le pasa? _____
 Tiene EpiPen Recetada? Si No (Si contesto si es necesario proporcione la EpiPen)

Asma ¿usa inhalador ? Si No ¿Si contesto si con que frecuencia? _____
 ¿Cuales medicamentos toma para el asma? _____

Diabetes ¿Qué medicamento toma? _____
 Hay algunos procedimientos especiales durante el día escolar? _____

Problema de audición: Por favor describa _____

Problema de visión: ¿Usa anteojos? Si No ¿Usa lentes de contacto? si No

ADD o ADHD Diagnosticado: ¿Cuales medicamentos toma? _____
 ¿Se necesitan medicamentos en la escuela? Si No, a que hora? _____

Problema de articulación o fracturas de hueso? ¿Que los huesos o articulaciones? _____
 ¿Usa soporte/ apaprato? Si No

Convulsiones ¿Que tipo? _____ Fecha de convulsión mas reciente _____ ¿Cuales medicamentos toma? _____

Episodio de pérdida de la conciencia: ¿Cuando? _____
 ¿Algún tratamiento especial? _____

Preocupaciones Emocionales: Indique: _____

Cualquier otro problema médico recurrente o enfermedad:

Doctor el estudiante _____ Teléfono _____

. Póngase en contacto con personal de pre-k para los formularios de medicamentos si su hijo necesita medicación en la escuela, incluyendo inhaladores para el asma o EpiPen para reacciones alérgicas graves.

Consentimiento Informado de Historia de Salud

Su firma da permiso para que el personal de pre-k a tome precauciones y procedimientos para proteger a su hijo en el aula y fomentar el éxito académico. Su firma es un consentimiento para compartir esta información de la historia de salud con personal de pre-kinder en una necesidad de saber base para planes de emergencia.

Firma de Padre/tutor _____ Fecha _____ Teléfono _____

Si su hijo está tomando algún medicamento de forma regular por favor complete un formulario de medicamentos.



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

2023-2024

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			

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	L. 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.

<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: _____



Solo para uso oficial
Please Circle One
Income Eligible: Yes / No
If yes, and enrolled, student should be classified as (L) in student information system

2023-2024

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 letra 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 otros 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 #		
<input type="checkbox"/>	Early Head Start	<input type="checkbox"/>	Foster Care	<input type="checkbox"/>	Migratorio	<input type="checkbox"/>	Families First (TANF)
<input type="checkbox"/>	Head Start	<input type="checkbox"/>	Sin Hogar	<input type="checkbox"/>		<input type="checkbox"/>	Food Stamps / EBT
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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 otro 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 recibe. También, por favor escriba el suma en un mes y multiplica de el numero de meses que recibe este tipo de Ingreso. Calcula 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. Manutencion de los hijos	K. Otro - por favor, lista ↓		
C. Compensacion al Trabajadore	F. Seguro Social?	I. Alimentos			

Nombre de Adulto	Empleador (si aplicable)	Codigo de Ingresos	Pago en un mes	Multiplos de:	Cuantos meses usted recibe este Ingreso	Suma
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
Suma de Ingresos en un año						\$ -

Parte D - Verificación de los Ingresos

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

Talon de pago/verificación de empleador	Retiro Documentacion	Cuidado de ornanza documentacion
W-2 Forma	Seguro Social	SSI Documentacion
Income Tax Forma 1040A or 1040	Letra de los Veteranos	TANF Documentacion
Desempleo Forma	Manutencion de los hijos	AFDC / Public Assistance Payment
Documentación de Compensacion al Trabajadore	Documentación de los Alimentos	TN Care Verificacion
Pension(es)	Otro (Lista): →	

Certifico que toda la información en esta solicitud es verdadera y correcta. Entiendo que falso/faltante de los Ingresos o la dirección puede resulta en dimisión de la programa Pre-K.

Nombre en letra de molde del solicitante: _____ SSN #: _____
 Firma de solicitante: _____ Fecha: _____
 Sólo por uso oficial. No escribe 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: _____