

# Stewart County Pre-K Application Cover Sheet

Please return this application to the Stewart County Board of Education with the following:

**Birth Certificate** (Mother's Copy is NOT accepted)

**Proof of Income** (one of the below)

Pay Stubs (at least 2, most recent and consecutive)

All W2 forms (most recent)

Tax Return (1040 Form, most recent)

Proof of TANF/SNAP (must have name, date and proof of eligibility)

Proof of SSI

Child Support

Court Documentation (if child is in foster care or adopted)

**Proof of Physical**

Box 1b on TN Certificate of Immunization is completed

**Proof of Immunization**

If you have any questions, please call the Board of Education at (931) 232-5176.

# Stewart County School Systems

School: \_\_\_\_\_

Date: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: Pre-K

Sex: \_\_\_\_\_ Is English the primary language? Yes \_\_\_\_\_ No \_\_\_\_\_

Race: American Indian \_\_\_ White \_\_\_ Pacific Islander \_\_\_ African American \_\_\_ Asian \_\_\_

Ethnicity: Not Hispanic/Latino \_\_\_ Hispanic/Latino \_\_\_

Does either parent/guardian work or live on Federal property? \_\_\_\_\_ Active Duty \_\_\_\_\_

If yes, where (include address): \_\_\_\_\_

Who has legal guardianship of student: Both \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

Primary Nighttime residence:

\_\_\_ Home/Apartment owned or rented by parent/guardian

\_\_\_ Living with another family \_\_\_ Hotel/Motel

\_\_\_ Shelter \_\_\_ Car, Campground, Abandoned Building

Other: \_\_\_\_\_

Do you have internet: \_\_\_Yes \_\_\_No

Who is your provider? \_\_\_\_\_

Which of the following do you have access to in your home?

\_\_\_ Smart Phone \_\_\_ Tablet \_\_\_ Desktop

\_\_\_ Laptop Other (Please specify): \_\_\_\_\_

*If a child does not live with biological parent(s) then legal documents concerning child custody, adoption, and/or guardianship must be on file in the school office.*

Mother/Guardian: Last \_\_\_\_\_ First \_\_\_\_\_ **Mother's Maiden Name:** \_\_\_\_\_

Mother's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Phone (Day) \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father/Guardian: Last \_\_\_\_\_ First \_\_\_\_\_

Father's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Father's Phone (Day) \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_

**IN CASE OF EMERGENCY AND PARENT/GUARDIAN IS NOT AVAILABLE CONTACT:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Handbook/Textbook/Medical Agreement:

- Student Handbook is online at <http://stewartcountyschools.net>. A paper copy is available upon request. I understand that as my child enrolls in the Stewart County School System, he/she is subject to all rules and consequences provided in the student handbook.
- I also understand that I am responsible for all free textbooks used by my child. I agree that I will reimburse the Stewart County Board of Education for the replacement value of any book or equipment that are badly damaged, destroyed or misplaced which my child has used during his/her scholastic year.
- In case of accident or serious illness, and the school is unable to reach me, I hereby authorize the school to call the physician indicated below and follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements that seem necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please list any medical conditions and/or allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Carrier: \_\_\_\_\_

Local Physician's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\*\*\*\*\*

School last attended: \_\_\_\_\_

School address: \_\_\_\_\_

School Phone #: \_\_\_\_\_

School Fax #: \_\_\_\_\_

Does your child have an IEP (Individualized Educational Plan): \_\_\_Yes \_\_\_No 504? \_\_\_Yes \_\_\_No

Has your child ever had an IEP (Individualized Educational Plan): \_\_\_Yes \_\_\_No 504? \_\_\_Yes \_\_\_No

**PHOTO RELEASE**

I understand that my child's picture may be taken during the school year by Stewart County School System employees or organizations for promotional and instructional purposes.

I give permission for the above to photograph and/or video my child and to use my child's picture and/or my child's likeness in the presentations, digital newsletters, websites, or other media without any restrictions, for any and all purposes consistent with educational missions of teaching, research, promotion, and outreach. I further agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Stewart County School Systems.

I have read this entire photo release statement and I agree to the conditions with in this release.

\_\_\_\_ Yes, I will allow

\_\_\_\_ No, I do not allow

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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

**2024-2025**

**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 |                       |
| 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.

|  |                          |                                  |
|--|--------------------------|----------------------------------|
| 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: \_\_\_\_\_

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: \_\_\_\_\_

**Stewart County School System**  
**Voluntary Pre-K**  
**Self-Certification of Zero Income**

Verification of income must be included with the application, and the documents must be examined to determine the child's eligibility.

In order to determine eligibility, all families must present to Stewart County School System some form of income in accordance with 1302.12.

This is written documentation stating that the family of \_\_\_\_\_ was asked to provide documentation of income in one of the following categories: Income Tax Form, W-2 forms, Paystubs, Pay envelopes, written statement from employers and/or documentation showing current status as a recipient of public assistance, and other relevant sources of income. Stewart County School System staff has made every attempt to verify income, but the parent gave reasons for not having income. After request of income documentation in accordance with the standards above, parent/guardian had no income for the following reasons:

Relevant Time Period: \_\_\_\_\_ to \_\_\_\_\_ Total Income: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**My signature above certifies that the information I have provided is correct.**

.....  
**Describe Staff efforts to verify family's income:**

\_\_\_\_\_  
Signature of School Staff

\_\_\_\_\_  
Date

**Stewart County School System  
Declaration of Low or No Income**

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Child's Name

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Parent/Guardian Name

Please help us understand how the family has been managing with little or no income. Please answer each question as to how living expenses were paid during the relevant time period.

1. Do you receive money on a regular basis?  Yes  No

If YES, how often do you receive it, and from what source do you receive it?

If NO, please explain:

2. How have you been paying for your housing?

3. How have you been paying for utilities?

4. How have you been paying for your transportation expense?

5. How have you been paying for food?

6. Other expenses and source of payment:

Additional Information:

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Parent/Guardian Signature

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Date

---

Stewart County Staff Signature

---

Date

## Voluntary Preschool Application

(Children must be four years old on or before August 15, 2024,  
but not yet five years old on or before August 15, 2024)

Date Application Completed: \_\_\_\_\_ Date Received at BOE: \_\_\_\_\_

Child's Name \_\_\_\_\_  Male  Female (select one)

Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

School Zone (select one):  Dover Elementary  North Stewart Elementary

### Please answer the following questions:

1. Would you be requesting bus transportation?  Yes  No

2. Number of times your child has been a victim of/or an observer to: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, mental illness, divorce, substance abuse, violence in the home, a relative who has been/or is in prison or jail, or death of an immediate loved one.

none  only once  2-3  4-5  6 or more

3. Is English the primary language spoken at home?  Yes  No

4. Has your child been in daycare in the last calendar year?  Yes  No

5. Did your child receive physical therapy, occupational therapy or speech services before the age of three?  Yes  No

6. Did your child receive Special Education services at age three?  Yes  No

7. This child is currently living in a home with:

two parents  one parent  grandparents/relatives  foster parents

8. What is the mother's/female guardian's highest level of education?

GED  High School Diploma  College Diploma  Other: \_\_\_\_\_

9. What is the father's/male guardian's highest level of education?

GED  High School Diploma  College Diploma  Other: \_\_\_\_\_



10. Does your child have a learning difficult?

suspected       diagnosed       diagnosed and IEP \_\_\_\_\_

11. Is either parent on active duty with the military?  Yes       No

12. Has a parent died while on active duty with the military?  Yes       No

13. Does the child have health issues (diabetes, allergies, etc.)?  Yes       No

14. Please list any other information you feel is important regarding your child:

**All information on this application is confidential. State guidelines mandate the number of applications which can be accepted. The application, along with proof of income must be returned to the Stewart County Board of Education, ATTN: Jacquelyn Perigen, 1031 Spring St, PO Box 433, Dover, TN 37058 or by fax (931) 232-5390**

# Pre-K Priority Matrix

Student \_\_\_\_\_  
School Zone \_\_\_\_\_

Presence of life stressors (ACES)  
1 (15) 2-3 (25) 4-5 (35) 6 or more (50) \_\_\_\_\_

Screening  
100 – score \_\_\_\_\_

Home Language -Non-English (25) \_\_\_\_\_

PT, OT, or Speech before the age of 3 (10) \_\_\_\_\_

Special Education at age 3 (10) \_\_\_\_\_

Identified Delay/Disability  
Suspected (10) Diagnosed (25) Diagnosed and IEP (50) \_\_\_\_\_

No Access to Typical Peers (10) \_\_\_\_\_

Educational History of Parents  
No high school diploma (25) \_\_\_\_\_  
GED (20) \_\_\_\_\_

Non-Traditional Living Arrangements  
1 parent (10) Grandparent/Relative (20) Foster (50) \_\_\_\_\_

Active Military (5) \_\_\_\_\_

Parent died in Active Military Duty (20) \_\_\_\_\_

Minimal Social Skills (10) \_\_\_\_\_

**TOTAL SCORE** \_\_\_\_\_ (Maximum score =420)

| Bus Transportation requested | Yes   | No    |
|------------------------------|-------|-------|
| Physical Address             | _____ | _____ |
| Bus #                        | _____ | _____ |
| Parent                       | _____ | _____ |
| Contact #                    | _____ | _____ |