



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

**2022-2023**

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

# Voluntary Preschool Application

(Children must be four years old on or before August 15, 2022)  
but not yet five years old on or before August 15, 2022)

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

Child's Name \_\_\_\_\_ Male or Female (please circle)

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

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

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

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

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

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

## Please answer the following questions:

1. Would you be requesting bus transportation? **Yes or No**
2. Do you have other children in the home, and if so, please list. **Yes or No**  
Name of child \_\_\_\_\_ Date of Birth \_\_\_\_\_

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3. Is English the primary language spoken at home? **Yes or No**
4. Has your child been in daycare in the last calendar year? **Yes or No**
5. Did your child receive physical therapy, occupational therapy or speech services before the age of three? **Yes or No**
6. Did your child receive Special Education services at age three? **Yes or No**
7. Is this child currently living in a single parent household? **Yes or No**
8. What is the mother's/female guardian's highest level of education?  
GED High School Diploma College Diploma Other (specify): \_\_\_\_\_
9. What is the father's/male guardian's highest level of education?  
GED High School Diploma College Diploma Other (specify): \_\_\_\_\_
10. Is there a family history of learning difficulties? **Yes or No**
11. Is either parent on active duty with the military? **Yes or No**
12. Is the child currently living with a grandparent(s)? **Yes or No**
13. Does the child have health issues (diabetes, allergies, etc.)? **Yes or 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 Board of Education at PO Box 433, Dover, TN 37058 or fax 931-232-5390

**Stewart County  
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 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 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 Voluntary Pre-K  
Declaration of Low or No Income**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
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 timeperiod.

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:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stewart County Staff Signature

\_\_\_\_\_  
Date

# Pre-K Priority Matrix

Student \_\_\_\_\_

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

Income Level

Free (100)

Reduced (50)

\_\_\_\_\_

\_\_\_\_\_

Screening

100 – score

\_\_\_\_\_

Home Language

Non-English (25)

\_\_\_\_\_

Identified Delay/Disability (25)

\_\_\_\_\_

No Access to Typical Peers (10)

\_\_\_\_\_

Educational History of Parents

No high school diploma (25)

GED (20)

\_\_\_\_\_

\_\_\_\_\_

Family History of Learning Difficulties (25)

\_\_\_\_\_

Non-Traditional Living Arrangements (10)

\_\_\_\_\_

Presence of Life Stressors (5)

\_\_\_\_\_

Minimal Social Skills (10)

\_\_\_\_\_

**TOTAL SCORE**

\_\_\_\_\_ (Maximum score = 335)

Bus Transportation requested

**Yes No**

Physical Address

\_\_\_\_\_

Bus #

\_\_\_\_\_

Parent

\_\_\_\_\_

Contact #

\_\_\_\_\_

## PRE -K Pre – Registration Agenda

- Welcome
- Classes for 2022-2023
  - Four classes with two classes being collaborations with Head Start (80 slots)
  - Children must be 4 years old on or before August 15, 2022
- Application Process
  - Applications are taken throughout the year; the Income Verification must be completed and attached to the application along with documents proving income
  - Applications are available at the schools and the Board Office
  - Applications must be returned to the Board of Education, 1031 Spring Street along with a copy of the birth certificate (mother's copy not acceptable), Tennessee immunization and physical form
  - Priority one applicants are income based
  - Priority two and three applicants utilize the matrix
  - An educational screener is completed by the preschool teachers as part of the application process
  - Not a first come first serve basis
- Notification
  - Only those students who meet income guidelines are notified by letter in late June or early July
  - Additional slots cannot be awarded until after the first two weeks of school
  - First week is a staggered schedule for both PK and Kindergarten students
  - Those that have received a letter will attend registration day in August
- Transportation
  - Transportation is available for children who are four years old
  - Only those students that are four years old are eligible to ride the bus
  - Parents/guardian MUST be at the pick-up, drop-off for these students and the transportation form must be completed prior to riding the bus