

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

Birth Certificate

Proof of Income

Proof of Physical

Proof of Immunization

If you have any questions please call 931-232-5176

Thank you

Stewart County School Systems

School: _____

Date: _____

Student Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ Zip _____ P.O.Box: _____

Home Telephone _____ Birth date: _____ Grade: _____

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 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: _____



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

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.
 application is not a guarantee of acceptance into the VPK program.

Submission of this

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	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		\$ -
Total Annual (Yearly) Income						\$ -

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: _____

School or Program Name
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 School/Program Name staff 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. School/Program Name 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/Program Name Staff

Date

School/Program Name

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 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:

Parent/Guardian Signature

Date

School/Program Name Staff
Signature

Date

Voluntary Preschool Application

(Children must be four years old on or before August 15, 2023)
but not yet five years old on or before August 15, 2023)

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. Has your child been a victim or 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, death of an immediate loved one.
 none Only one 2-3 4-5 6 or more
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 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 (specify): _____

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

GED High School Diploma College Diploma Other (specify): _____

10. Does your child have a learning difficulty?

suspected diagnosed _____ diagnosed and IEP _____

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

12. Has a parent died in active military duty? 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, ATTN: Jacquelyn Perigen at PO Box 433, Dover, TN 37058 or fax 931-232-5390

Pre-K Priority Matrix

Student _____

School Zone _____

Screening

100 – score _____

Presence of life stressors (ACES)

1 (15) 2-3 (25) 4-5 (35) 6 or more (50) _____

Home Language -Non-English (25) _____

No Access to Typical Peers (10) _____

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

Special Education at age 3 (10) _____

Non-Traditional Living Arrangements

1 parent (10) Grandparent/Relative (20) Foster (50) _____

Educational History of Parents

No high school diploma (25) _____

GED (20) _____

Identified Delay/Disability

Suspected (10) Diagnosed (25) Diagnosed and IEP (50) _____

Active Military (10) _____

Parent died in Active Military Duty (20) _____

Minimal Social Skills (10) _____

TOTAL SCORE

_____ (Maximum score = 360)

Bus Transportation requested

Yes No

Physical Address _____

Bus # _____

Parent _____

Contact # _____

For Information Only