

**2020-2021**  
**Fair Garden Early Learning Center**  
**Enrollment Packet**

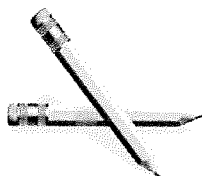
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Month Day Year

Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_



**Documentation to be Provided**

- \_\_\_\_\_ Birth Certificate (must be certified copy)
- \_\_\_\_\_ Social Security Card
- \_\_\_\_\_ Proof of Residence (utility bill, deed, lease agreement, notarized statement) Attach to Pink Form
- \_\_\_\_\_ Tennessee Immunization Certificate
- \_\_\_\_\_ Proof of Physical
- \_\_\_\_\_ Custody Papers (If applicable)
- \_\_\_\_\_ Proof of Income (W2 Form, Pay Stub, Tax Return, Gov't Assistance Letter)



**To Be Filled Out and Returned**

- \_\_\_\_\_ New Student Enrollment Form
- \_\_\_\_\_ Proof of Residence (Pink Form)
- \_\_\_\_\_ Medical Profile
- \_\_\_\_\_ Medical Release
- \_\_\_\_\_ Personal Data Questionnaire
- \_\_\_\_\_ Student Media Release Form
- \_\_\_\_\_ Access to Electronic Media
- \_\_\_\_\_ Digital Learning and Citizenship
- \_\_\_\_\_ Parent Compact Form
- \_\_\_\_\_ Voluntary Pre-K Information Packet
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Migrant Occupational Survey
- \_\_\_\_\_ Shades of Development Interest Form

**For Office Use Only:**

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

Time: \_\_\_\_\_

Packet Complete: Y N

Date Packet Complete: \_\_\_\_\_

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

PK3 \_\_\_\_\_ PK4 \_\_\_\_\_

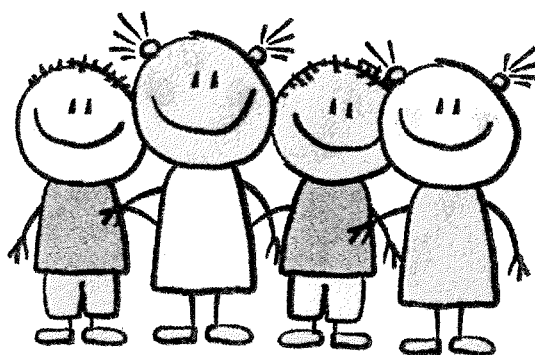
Room: \_\_\_\_\_

# Preparing for Pre-K

We want your child to have the best first school experience they can. Helping your child come prepared will allow them to relax and enjoy their time at school.

Here are some tips to help with this new adventure:

- **Potty-Train Now** - We expect our three and four year olds to be potty-trained, so start now if your child is not quite there. Make it fun (use cheerios in the toilet), be consistent (make a schedule), be patient, and offer an incentive (one on one time with parent, sticker chart to show progress towards reward, time on an iPad, etc.)
- **Practice dressing and undressing** using many different types of clothing.  
Ex: t-shirts, shorts, pants, shoes, socks, clothes with buttons, snaps, belts and zippers.
- **Practice recognizing letters** in their name - color and write letters when they find them in a magazine, book or on a sign.
- **Read! Read! Read!** - Please take time to read to your child every day. This will help your child gain more knowledge, have more quiet time with you, and help them learn to sit for longer periods of time.
- **Develop a consistent bed time routine** - Sleep is a vital need, essential to a child's health and growth. Sleep promotes alertness, memory, and performance. Children who get enough sleep are more likely to function better and are less prone to behavioral problems and moodiness. A bedtime routine makes it easier for your child to relax, fall asleep, and stay asleep through the night. Make bedtime the same time every night! Children ages 3-5 need 11-13 hours of sleep a night.



**Knox County Schools  
Blended Preschool Program  
2020-21**

Office Use Only:  
Date Received: \_\_\_\_\_  
Tuition Agreement: \_\_\_\_\_  
Application Reviewed: \_\_\_\_\_  
Enrolled: YES NO WAITLIST  
School: \_\_\_\_\_

**Full Time Sites**

Amherst Elementary	Gibbs Elementary
Bonny Kate Elementary	Halls Elementary
Brickey McCloud Elementary	Karns Elementary
Cedar Bluff Preschool	Northshore Elementary
Copper Ridge Elementary	Sam E. Hill Primary
Dogwood Elementary	West Haven Elementary
East Knox Elementary	West Hills Elementary
Fair Garden Family Center	
Fort Sanders Educational Development Center	

**Part Time Site (2 days per week for 2.5 hours each day)**

Fort Sanders Educational Development Center

**After School Care**

Please contact the school directly for more information about after school care. All after school care enrollments are handled through each after school company.

**After school care options are currently available for an additional rate at the following schools:**

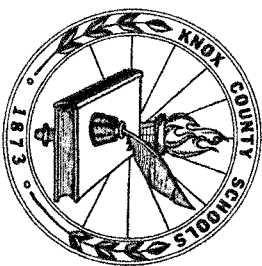
Fort Sanders Educational Development Center-SHADES of Development  
East Knox Elementary- Kid's Place  
Karns Elementary (4 year olds only)- SHADES of Development  
Fair Garden Community Center- SHADES of Development  
Sam E. Hill- SHADES of Development

**Completed applications must be submitted by Friday, April 10, 2020 to be considered for the first round of enrollment via email at [blendedpreschool@knoxschools.org](mailto:blendedpreschool@knoxschools.org), or by mail at Fort Sanders Educational Development Center, c/o Blended Preschool, 501 S. 21st Street, Knoxville, TN 37916.**

**Questions? Contact us via email at [blendedpreschool@knoxschools.org](mailto:blendedpreschool@knoxschools.org) or by phone at 865-594-5035.**

Children of Knox County Schools employees and those currently enrolled in the program will be given first priority. Parents will be notified if their child is selected to participate by May 22, 2020. Students who do not get an initial slot will be placed on a waiting list.

Knox County Schools does not discriminate on the basis of race, religion, national origin, gender, creed, color, or ethnicity.



Knox County Schools

 expect more  
achieve more

## Targets for Kindergarten Entry

A five-year-old with these skills is **READY** to succeed at school.

### Letters and Sounds:

- Enjoys being read to and can retell a story
- Recognizes letters (upper and lower case) and some letter sounds
- Repeats the first sound in a word
- Speaks in complete sentences
- Prints his or her first name

### Math:

- Counts in order from 1-20
- Recognizes numbers and quantities to 5
- Names and sorts items by color, shape and size
- Understands concepts such as more, less, same, above, below, big, small

### Social:

- Settles in to new groups or situations
- Can concentrate on a task for 5 minutes
- Follows simple directions
- Shows kindness and concern for others

***Reading together every day  
helps your child  
master these skills.***

KNOX COUNTY SCHOOLS  
**NEW STUDENT ENROLLMENT**

FOR OFFICE USE ONLY	
Student ID	_____
Homeroom	_____
School	_____
Bus Number	_____

Enrollment Date: \_\_\_\_\_ Grade \_\_\_\_\_

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

Social Security (optional) or  
Student PIN Number: \_\_\_\_\_

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

Birthplace / City: \_\_\_\_\_

Birth County: \_\_\_\_\_

Birth State: \_\_\_\_\_

Birth Country: \_\_\_\_\_

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

**Gender:** ☐ Female ☐ Male

**Ethnicity:** ☐ Hispanic ☐ Non-Hispanic

**Race:** (check all that apply)

☐ Asian

☐ Black

☐ American Indian

☐ Pacific Islander

☐ White

**Military Dependent:** ☐ Reserve ☐ National Guard  
(if applicable) ☐ Active Military

**Related Students attending any Knox County Schools** (in same household) -- Please include Last Name, First Name, and Birthdate

_____	_____
_____	_____

**Please list all legal guardians individually. If the student has more than two guardians, please use the additional space provided at the end of the form for the other contacts.**

Main Contact: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

\*Primary Phone #: \_\_\_\_\_

\*Primary Phone #: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

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

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

\*Cell: \_\_\_\_\_

\*Cell: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Alternate E-mail: \_\_\_\_\_

Alternate E-mail: \_\_\_\_\_

*\*This is the telephone number that receives automated telephone calls.*

**Notes** (Individuals other than parent/guardian who may pick up the child.)

Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_

Name \_\_\_\_\_ Phone Numbers \_\_\_\_\_

KNOX COUNTY SCHOOLS  
**PROOF OF RESIDENCE FOR SCHOOL ENROLLMENT**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Grade Level \_\_\_\_\_

School student(s) zoned to attend \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Address \_\_\_\_\_ Zip \_\_\_\_\_

Former Address \_\_\_\_\_ Zip \_\_\_\_\_

In order to verify residency within the attendance zone of the requested school, **one current document** as listed below and dated within the past 60 days must be provided, showing the parent/guardian name and address. Post Office box numbers are not acceptable for verification of residence.

**Proof of Residence provided by parent / guardian:**

☐ Deed/Lease/Rental Agreement

☐ Utility Bill

☐ Notarized Statement

If proof of residence is provided by a notarized statement from the homeowner or person responsible for lease/rent, please list the person's name and address. This person must also provide a deed/lease/rental agreement or utility bill for proof of residence.

Name of Renter/Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address of Renter/Owner \_\_\_\_\_

***WARNING:*** Falsification of any information or document required for residence verification or the use of the address of another person without actually residing there will require that the student be withdrawn from this school and be assigned to the school which serves the actual residence address.

I, \_\_\_\_\_ (print name), the parent/guardian of the student named above, declare under penalty of perjury that the above information is correct and that the student does reside at the address given above. If residency changes, I will notify the school within two weeks.

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

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_



*This information will be used by the school nurse to provide care for your child.*

Relationship to the student \_\_\_\_\_

KNOX COUNTY SCHOOLS

MEDICAL RELEASE

This form is used to record parental permission for medical and surgical treatment in case medical emergencies arise during a field trip.

We, the undersigned as the parents and legal guardians of

Print Student's Name \_\_\_\_\_

hereby grant to the Knox County Board of Education, its employees and agents the authority to seek medical care for our child. We further consent to any and all emergency medical and surgical treatments, including anesthesia and operations which may be deemed medically necessary by any qualified physician selected by agents or officials of the Knox County School Board. The intention thereof is to grant authority to administer and to perform all and singularly any emergency examinations, treatments, anesthetic, operations, and diagnostic procedures which may now or during the course of the patient's care, be deemed medically necessary by any qualified physician. Witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

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

\_\_\_\_\_  
*Date*

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

\_\_\_\_\_  
*Date*

STATE OF TENNESSEE, COUNTY OF \_\_\_\_\_

SUBSCRIBED and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
*Notary*

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

☐ If not covered by medical insurance, please check box.

Student's Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Father \_\_\_\_\_ Home Phone \_\_\_\_\_

Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother \_\_\_\_\_ Home Phone \_\_\_\_\_

Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Allergies or Special Conditions \_\_\_\_\_

NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/guardian.

Disposition

☐ Copy to the office Date \_\_\_\_\_

☐ Original is retained by teacher and taken on the field trip.



## PERSONAL DATA QUESTIONNAIRE

Children spend only a small portion of their time each day at school, the rest of the time is spent at home with Mother, Father, brothers, sisters and friends. Knowing what a child is like at home, and knowing what a child's home is like is important to teachers if they are to understand and teach your child as an individual. Help us to work with your child in the best possible way, take the time to carefully think about and answer the questions on this form.

- The name by which your child wants to be called \_\_\_\_\_

- Birthdate \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

- How long have you and your child lived at the present address? \_\_\_\_\_

- Does your child have a room of his own? \_\_\_\_\_ Shares room with \_\_\_\_\_

- Present occupation: (Please be specific - if a salesman, salesman of what, for who)

What type of activities does the father and child do together? \_\_\_\_\_

- Present occupation: \_\_\_\_\_

**What type of activities does the mother and child do together?** \_\_\_\_\_

6. Please list names and birthdates of other children in the family (list in order of birth, from oldest to youngest.)  
(Put a check mark if not living with the family.)

Name	Sex	Birthdate	At what school, in what grade?
------	-----	-----------	--------------------------------



Grade Level \_\_\_\_\_

Student ID \_\_\_\_\_

## Knox County Schools Student Media Release Form

I, as the parent/guardian of \_\_\_\_\_, hereby give Knox County Schools and its employees, representatives and authorized media organizations permission to photograph, interview and record my child and his/her likeness for use in audio, video, film or other electronic, digital and printed media. I also give Knox County Schools permission to release photos or recordings of any type to news media outlets including, but not limited to, newspapers and television stations.

I understand that neither Knox County Schools nor the news media has any obligation to use or be compensated for such rights. I am also aware that I will not receive monetary compensation for my child's participation, and I waive any right to inspect or approve final use of materials.

I agree to release and hold harmless Knox County Schools, its staff, the Board of Education and assignees from any liability or claims of damage, known or unknown, related to such use.

*Please note if you opt out of the media release form, your child's photograph will still be included in yearbook and classroom publications as part of directory information unless you notify the district otherwise. Additionally, if at any time you wish to withdraw your consent, you may contact the Office of Public Affairs at 865-594-1905; however, any prior photos or recordings of your child will remain part of the district's archive.*

Name of child's school:

\_\_\_\_\_

Parent/legal guardian:

(print)

(signature)

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



**KNOX COUNTY SCHOOLS  
ACCESS TO ELECTRONIC MEDIA**

The Knox County Schools uses various forms of electronic media for instructional purposes and makes electronic media accessible to students to assist them in their academic pursuits. To govern the use of these important instructional assets students and staff are expected to adhere to the Knox County Schools' Guidelines for Acceptable Use of Electronic Media.

I have read the terms of Knox County Schools' Guidelines for Acceptable Use of Electronic Media. I understand that this access is designed for educational purposes.

As the parent or guardian of the below identified student, I hereby **WITHHOLD PERMISSION** to access electronic media except for directly supervised educational and assessment activities.

Student Name (please print) \_\_\_\_\_

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

## Fair Garden Early Learning Center

400 Fern Street

Knoxville, Tennessee 37914

Phone: (865) 594-1320 Fax (865) 594-1155

**Tara Spikes, Principal**



# Digital Learning and Citizenship

### STUDENT INTERNET SAFETY (from Policy I-222)

Students will receive instruction in the safe and responsible use of the Internet as a part of any instruction using devices that provide access to the Internet. Internet Safety instruction for students will include but not be limited to appropriate online behavior, interaction with others while using social networking websites or chat rooms, and awareness of the impact and consequences of cyberbullying. Students must abide by all laws, the Acceptable Use Policy, and all district security policies when using the district network.

At Fair Garden, as a parent, I received information on ClassDojo about digital family resources and digital citizenship. I was provided with sites to help make me digitally aware (Kids Safe Browsers and Sites, Common Sense Media, Family Online Safety Institute, and Tips & Resources). I have read the information that was provided to me. My child was provided with age-appropriate information about technology and internet safety by his or her classroom teacher at Fair Garden, before using technology at school.

Student's Name: \_\_\_\_\_

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

Parent's Signature: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

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



Mission Statement: Serve Children

Empower Parents

Strengthen Families

Support Communities

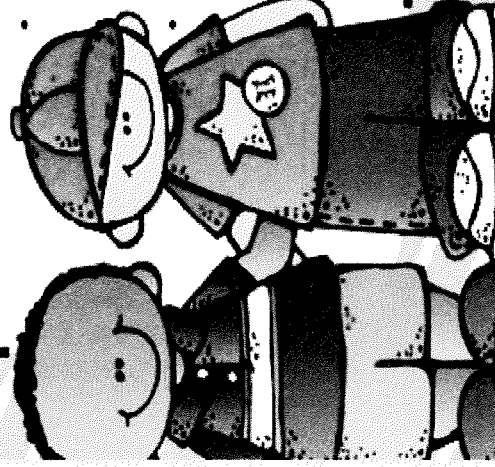
# Fair Garden Preschool Parent Impact 2020-2021

## What is a School-Parent Compact?

A school-parent compact is a written commitment that outlines how the entire school community – teachers, families, and students will share the responsibility for improved academic achievement.

### Our Fair Garden School-Parent Compact:

- We will provide high-quality instruction by using the curriculum the district has provided with fidelity and differentiating instruction to meet the needs of each of our Fair Garden students. We will participate in professional development to promote continuous professional growth and reflect on our own individual classroom practices regularly.
- We will provide a culturally responsive and positive school culture, by the implementation of PBIS and culturally responsive strategies in our classrooms. We will hold parent conferences school-wide in the fall, spring, and upon a parent's request or need observed by staff.
- You will receive performance level reports for your child at the end of each nine weeks. These reports will include performance levels in the following areas:  
Alphabet Knowledge & Sounds, Math & Number Readiness, and Work Habits/Behavior
- We want each of you to take an active engaged role in your child's education by reading information that's shared, reaching out to your child's teacher, and reinforcing learning at home.



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

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



# Voluntary Pre-K Application Information

Welcome and thank you for your interest in the Knox County Schools Voluntary Pre-K program! This very important preschool program is primarily funded through a grant provided by the Tennessee Department of Education along with some local funding. It is an important educational program offered to children who live in Knox County and who are four years old by August 15.

Our classes are available at 23 schools. You may choose up to three preferred sites for enrollment. Please list those choices on the application. You do not need to complete an application at each preferred site. Multiple applications will slow down the process for approval.

Voluntary Pre-K means you are requesting to enroll in the Pre-K program. Once accepted into the program, **excellent attendance** is expected. This is an important first step in your child's education. Students are expected to maintain attendance at 90% or risk losing enrollment in the program. Space is limited and a waiting list is maintained once all the available space is filled.

**Transportation is NOT** provided and is the responsibility of the parents/guardians.

This program is not a "first come first served" program. In accordance with Tennessee law and rules and regulations of the State Department of Education, students who meet the following qualifications will have priority for being accepted in the program:

- Child is four years old on or before August 15, 2020.
- Family resides in Knox County (school zones does not matter).
- Military Parent is KIA, MIA, or POW.
- Family meets federal income guidelines and/or TENNCare, SNAP.
- Child receives special education services.
- Child is an English Language Learner.
- Child is in state custody.
- Child has a history of abuse/neglect.
- Child meets qualifications as "at-risk" as determined by the Knox County Community Pre-K Advisory Council.

***\*\* Please complete the attached application and submit it with your proof of residence in Knox County, income verification form, and proof of income. \*\****

**Knox County Schools**  
**Voluntary Pre-K Application 2020-2021**

Today's date \_\_\_\_\_

Preferred Pre-K Location:

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Child's Name \_\_\_\_\_ Goes by \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_

Street Address and Apt. #

City/State/Zip Code

Phone Numbers: \_\_\_\_\_

Home

Cell

Work

Email Address: \_\_\_\_\_

Person completing this form: Mother \_\_\_\_\_ Father \_\_\_\_\_ Step-Mother \_\_\_\_\_ Step-Father \_\_\_\_\_

Adoptive Parent \_\_\_\_\_ Other (specify) \_\_\_\_\_

What is the first language your learned to speak? \_\_\_\_\_

What language does your child speak most often outside of school? \_\_\_\_\_

What language is spoken most often when at home? \_\_\_\_\_

**\*\* PLEASE REMEMBER TRANSPORTATION IS NOT PROVIDED\*\***

**Please circle all of the following items that relate to your child:**

Child in state custody	History of abuse/neglect
Attends or has attended Head Start	History in Family of Depression/Mental Illness
Homeless	Prenatal drug/alcohol exposure
Military Parent KIA/MIA/POW	Premature baby
History in Family of Substance Abuse	Parent incarcerated
Child in custody of other than parent	Single parent
Teen Parent	Death of parent/sibling
Parent is student	Child has disability/ IEP
Military Parent Deployed	Parent as Teachers Program Participant
Military Parent	Lives in Title 1 zone
No regular group experience ( Less than 4 hours a day - 2 times per week)	
Other at-risk factors: _____	

Does your child receive books from the Imagination Library? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*THIS APPLICATION MUST BE ACCOMPANIED BY THE INCOME VERIFICATION FORM, PROOF OF INCOME, AND PROOF OF RESIDENCY IN KNOX COUNTY\*\***

Signature of person filling out form: \_\_\_\_\_

Please fax to (865-594-9579) or mail complete application to:

**Knox County School / Voluntary Pre-K**

**P.O. Box 2188**

**Knoxville, TN. 37901**

Application taken by: \_\_\_\_\_ 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

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

Submission of

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	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: \_\_\_\_\_



## 2020 US Health and Human Services Poverty Guidelines

\*Annual income levels reflect **185%** of the 2020 US Health and Human Services Poverty Guidelines (<https://aspe.hhs.gov/poverty-guidelines>), equivalent to reduced priced lunch criteria.

Household Size	*Annual Income	Monthly	Twice per Month	Every two weeks	Weekly
1	\$23,606.00	\$1,967.17	\$983.58	\$907.92	\$453.96
2	\$31,894.00	\$2,657.83	\$1,328.92	\$1,226.69	\$613.35
3	\$40,182.00	\$3,348.50	\$1,674.25	\$1,545.46	\$772.73
4	\$48,470.00	\$4,039.17	\$2,019.58	\$1,864.23	\$932.12
5	\$56,758.00	\$4,729.83	\$2,364.92	\$2,183.00	\$1,091.50
6	\$65,046.00	\$5,420.50	\$2,710.25	\$2,501.77	\$1,250.88
7	\$73,334.00	\$6,111.17	\$3,055.58	\$2,820.54	\$1,410.27
8	\$81,622.00	\$6,801.83	\$3,400.92	\$3,139.31	\$1,569.65
For each additional person, add:					
	\$8,288.00	\$690.67	\$345.33	\$318.77	\$159.38

This chart is to be used when reviewing the Pre-K Income Eligibility application to determine if family meets income qualifications for "economically disadvantaged". Families making at or below the annual income amount, based on household size, meet the income eligibility criteria for participation in the Voluntary Pre-k program for the 2020-21 school year. Verification must include total income of all household family members as indicated on Pre-K Income Eligibility Application.

**THIS CHART MAY NOT BE USED FOR ELIGIBILITY FOR FREE or REDUCED PRICED LUNCH PROGRAM.**

Meeting Income eligibility requirements does not guarantee acceptance into the VPK program due to limited space and the possibility of more students applying than seats available.



## PRE-K ELIGIBILITY

Children must be four years of age on or before August 15<sup>th</sup> of the current year. Our priority is to enroll students identified as 'at-risk'. The 'at-risk' factors are determined by the Tennessee Department of Education, and include such factors as family income, family structure, and unique family situations.

## CONTACT us

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[knoxschools.org/prek](http://knoxschools.org/prek)

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## VOLUNTARY PRE-K SCHOOLS

Amherst Elementary  
Belle Morris Elementary  
Bonny Kate Elementary  
Carter Elementary  
Cedar Bluff Pre-School Center  
Christenberry Elementary  
Copper Ridge Elementary  
Dogwood Elementary  
East Knox County Elementary  
Fair Garden Family Center  
Fort Sanders Educational Dev. Center  
Gibbs Elementary  
Halls Elementary  
Karns Elementary  
Mooreland Heights Elementary  
Pleasant Ridge Elementary  
Ritta Elementary  
Sarah Moore Greene Magnet  
Spring Hill Elementary  
Sunnyview Primary  
West Haven Elementary  
West Hills Elementary  
West View Elementary

# KCS

KNOX COUNTY SCHOOLS

## VOLUNTARY PRE-K



## KNOX COUNTY SCHOOLS Home Language Survey

The Tennessee Department of Education requires *all* schools to identify the language of every student enrolled. This is accomplished by the Home Language Survey (HLS). This document is to be completed only **ONE TIME** at the student's initial enrollment into a school. If the student is a transfer student, schools must make every attempt to obtain the original HLS.

NOTE to registrar: If any language besides (or in addition to) English is given as an answer to questions 1-3, please give this document to the ELL teacher at your school (or who monitors your school) immediately.

### Student Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ M ☐ F ☐  
Gender

Country of Birth \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Date first enrolled in ANY U.S. school (grades K-12) \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date first entered the United States

#### THIS FORM IS NOT USED TO IDENTIFY STUDENT'S IMMIGRATION STATUS.

This information gives us insight into the knowledge and skills your child is bringing to our schools.

This information may enable the district to receive additional federal funding to provide support for your child

### School Information

Enrollment Date in New School \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_  
Name of Former School and Town \_\_\_\_\_ Last Grade attended \_\_\_\_\_

### Questions for Parents/Guardians

<p>1. What is the first language this child learned to speak?</p>	<p>Has this child ever received ELL (ESL) classes in another school?</p> <p style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/> I don't know. <input type="checkbox"/></p>
<p>2. What language does this child speak most often outside of school?</p>	<p>If yes, what year did this student 1<sup>st</sup> qualify for ELL?</p> <p>Will you require an interpreter/translator at Parent-Teacher meetings?</p> <p style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>If yes, what language?</p>
<p>3. What language do people usually speak in this child's home?</p>	
<p>Parent/Guardian Signature:</p> <p>X _____</p>	<p style="text-align: center;">_____ / _____ /20 Today's Date: (mm/dd/yyyy)</p>

NOTE to ELL teacher: Please forward a copy of this form to the ELL Central Office. Place another copy in the student's green folder and the original in the purple file which is kept in the student's CR.

## Tennessee Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. **The information provided below will be kept confidential.** Please answer the following questions and return this form to your child's school.

Today's Date \_\_\_\_\_ Parent/Guardian First & Last Name \_\_\_\_\_

Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_

School Name \_\_\_\_\_ Student Grade \_\_\_\_\_

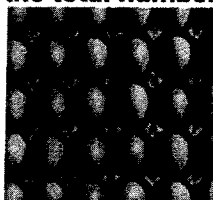
**1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?**

- ☐ No
- ☐ Yes. Check all that apply and list the total number of months worked:



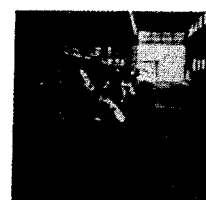
☐ **Agriculture/Field Work** (planting, picking, sorting crops; soil preparation; irrigation; fumigation)

Total Months Worked: \_\_\_\_\_



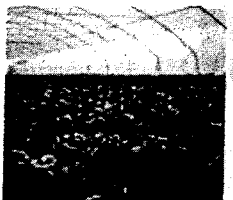
☐ **Processing & Packaging** (fruit, vegetables, chicken, eggs, pork, beef)

Total Months Worked: \_\_\_\_\_



☐ **Dairy/Cattle Raising** (feeding, milking, rounding up)

Total Months Worked: \_\_\_\_\_



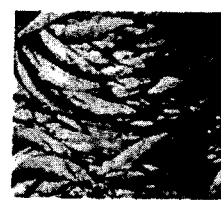
☐ **Nursery/Greenhouse** (planting, potting, pruning, watering, harvesting)

Total Months Worked: \_\_\_\_\_



☐ **Forestry** (soil preparation, planting, cutting trees; landscaping not included)

Total Months Worked: \_\_\_\_\_



☐ **Commercial Fishing & Processing** (catching, sorting, packing, transporting)

Total Months Worked: \_\_\_\_\_

**2. In the past three years, has your family moved to another state, city, school district, and/or county?**

- ☐ No
- ☐ Yes. How long have you resided in your current address?

\_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Weeks

**If you answered "Yes" to questions 1 and 2, please complete the information below.**

Home Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Best Day of Week & Time of Day to Call \_\_\_\_\_

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

## **SHADES Interest Form**

\_\_\_ No, I am not interested in an after-school extended preschool program at this time.

\_\_\_ Yes, I am interested in applying for an after-school extended preschool program for the 2020-2021 school year. I understand it is a separate application process from the Preschool enrollment, and there is a weekly fee associated with the extended child care program.

If you are interested in SHADES, complete this section:

Date form filled out: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_  
\_\_\_\_\_

Contact Email Address: \_\_\_\_\_

\*Please make sure your contact information is up to date. You will be contacted in to either fill out paperwork, or be on the waiting list.

Note: SHADES of Development accepts Families First Vouchers/Certificates