Knox County Schools Voluntary Pre-K Application 2019-20

Today's Date			
Preferred Pre-K Location:			
#1#2		#3	
Child's Name	Goes by		
		·	
Birth Date	Gender:	Male	Female
Home Address			
Street Addre	ess and Apt. #		
City/State/Zi	p Code		
Phone Numbers:			
Home	Work	Cell	
Person completing this form:Mot	her Father	Step-mother	Step-father
Adoptive ParentOther			
Other (specify)			
Family Data Child lives with: Both Parents	Mother	Father	Grandparents
Adoptive P			
Niveshov of moonle in the house	l - l		
Number of people in the housel	noia		
What is the first language your child le	arned to speak?		
What language does your child speak			
What language is spoken most often v	vhen 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 abu		
History in Family of Substance Abuse	•	ily of Depression/	Mental Illness
Child in custody of other than parent		, /alcohol exposui	
Teen Parent	Premature ba	ıby	
Attends or has attended Head Start	Parent incarc	erated	
Parent is student	Single parent		
Homeless	Death of pare	Death of parent/sibling	
Military Parent KIA/MIA/POW	Child has disa	Child has disability and IEP	
Military Parent Deployed	Parent as Tea	chers Program Po	articipant
Military Parent	Lives in Title I z	one	
No regular group experience ((Less the	an 4 hours day- 2 tim	es per week)	
Other at-risk factors:			
Does your child receive books from th	e Imagination Library	v? Yes No)
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√√√ This application must be acco	mpanied by the In	<u>come Verificati</u>	<u>ion form,</u>
proof of income, and proof of resid	<u>dency in Knox Coul</u>	<u>nty.</u>	
Signature of person filling out thi	is form:		
Please fax (865-594-9579) or mail com	plete application to:		
Knox County Schools—VPK 12 ^t			
P. O. Box 2188			
Knoxville, TN 37901			
Application taken by:	Date:		
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