

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 |
| <small>If yes, and enrolled, student should be classified as (L) in student information system</small> |

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. 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 | 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: _____