

Today's Date \_\_\_\_\_

TN Care Yes No

SNAP Yes No

## Knox County Schools Voluntary Pre-K Application 2021-2022

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

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

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

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

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

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

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

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

**Preferred Pre-K Location:**

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

**\*\* 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 \_\_\_\_\_

**Printed name 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: \_\_\_\_\_