

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

**Knox County Schools**  
**Voluntary Pre-K Application 2024-2025**

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

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

Ethnicity: (Please check one) **Hispanic** \_\_\_\_\_ **Non-Hispanic** \_\_\_\_\_

Race: (Please check one) **Asian** \_\_\_\_\_ **Black** \_\_\_\_\_ **American Indian** \_\_\_\_\_ **Pacific Islander** \_\_\_\_\_ **White** \_\_\_\_\_

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

\_\_\_\_\_  
Street/City/State/Zip Code

Phone Numbers: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

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

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

Person completing this form (Please check one) **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 check all boxes that apply 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 other than the parent
- ☐ Single Parent
- ☐ Teen Parent

- ☐ Death of a parent/sibling
- ☐ Parent is a student
- ☐ Child has a disability
- ☐ Child has an IEP
- ☐ TEIS has been involved in the past
- ☐ Parent is deployed military
- ☐ Parent as Teachers Program Participant
- ☐ Family lives in Title 1 Zone
- ☐ No regular group experience (Less than 4 hours per day – 2 times per week)
- ☐ Previously completed a referral to Child Find

**Do you have any concerns about your child's development? Yes or No (Please circle)**

**List below:**

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

**Printed name of person filling out form: \_\_\_\_\_**

**Please fax to (865-594-9579)**

**Mail complete application to: Knox County School / Voluntary Pre-K P.O. Box 2188 Knoxville, TN 37901**

**Applications sent via email to: [Brittany.bledsoe@knoxschools.org](mailto:Brittany.bledsoe@knoxschools.org)**

**Application taken by: \_\_\_\_\_ Date: \_\_\_\_\_**



**Things to be submitted with your VPK Application**

- ☐ Proof of residency in Knox County - Utility Statement, rent agreement, etc.
- ☐ Proof of income - W2 or Check Stub(s)
- ☐ Pre-K Application
- ☐ Income Eligibility Form
- ☐ Birth Certificate