



Today's Date _____

TN Care Yes No

SNAP Yes No

Voluntary Pre-K Application 2024-2025

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:

Printed name of person filling out form: _____

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>

2024-2025

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			

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: _____