

Pre-K Required Documentation 2020-2021

The following documents are required when the application is returned:

- **Proof of Income**-(ie., W2 forms, current check deposit, SNP document with case number)
- **Proof of Residency**-(ie., current utility bill, lease agreement, property tax)

The following documents will be required if your child receives a spot in Dyer County Schools' Pre-K:

- **Birth Certificate (Certified)**
- **Social Security Number**
- **Physical**
- **Shot Record**

Dyer County School System Voluntary Pre-K Application 2020-2021

For Office Use Only:

School Zoned: _____

Received By: _____

Date Received: _____

L1: _____ L2: _____ L3: _____

Please print clearly in Black or Blue ink.
All information on the application must be current and correct.

Student's Last Name _____ First Name _____ Middle Initial _____

Student's SSN _____ Student's Birthdate: _____
Month Day Year

Student's Gender: (circle one) M F Race: _____

Custody (circle): Both Parents *Mother *Father *Other _____

*Legal custodial papers may be required if student does not reside with his/her parents.

Does this student participate in the Imagination Library? (Dolly Parton Initiative) (circle one) Yes No

Student's Address _____ Apt.# _____ City _____ Zip _____

Mother's Name _____

Mother's Address _____

Mother's Cell Phone _____

Mother's Employment Phone _____

Father's Name _____

Father's Address _____

Father's Cell Phone _____

Father's Employment Phone _____

Mother's Home Phone _____

Mother's Employment _____

Father's Home Phone _____

Father's Employment _____

(If Applicable)
Guardian's Name: _____

Guardian's Address _____

Guardian's Cell Phone: _____

Guardian's Employment Phone: _____

Guardian's Home Phone _____

Guardian's Employment _____

Does this child have any food allergies or special medical conditions? (circle one) Yes No

If yes, please list: _____

NOTE: A medical statement from the doctor is required in order to honor any special requirements or to administer any prescribed medication.

Please list the full name, grade and school of any siblings:

Name	Grade	School Attending
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please answer the following questions:

What is the number of adults in the household? _____

Education level of Mother: GED/High School Graduate (circle one) Yes No

Education level of Father: GED/High School Graduate (circle one) Yes No

(If Applicable)

Education level of Guardian: GED/High School Graduate (circle one) Yes No

With whom does this child live? _____

Is a parent MIA? (circle one) Yes No

Has a parent been killed in war? (circle one) Yes No

Is a parent in active Military? (circle one) YES NO

Is a parent incarcerated? (circle one) YES NO

Has your child ever received TEIS services (circle one) YES NO

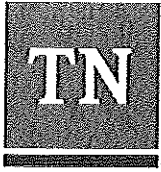
Has your child ever been in the EVEN START PROGRAM (circle one) YES NO

Does this child have speech or language problems? (circle one) YES NO

*If yes, documentation is required.

I have read and completed all of the information necessary to the best of my ability and verify that the information provided on this application is accurate. I do understand that the district will assign students based on selection criteria set forth by the district. Placement in a classroom is not guaranteed based upon application to the program.

Parent/Guardian/Caregiver Signature	Relationship to Student	Date



Department of
Education

For Office Use Only
Please Circle One
Income Eligible: Yes / No
If yes, and enrolled, student should be classified as (L) in student information system

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.
this application is not a guarantee of acceptance into the VPK program.

Submission of

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.

<input type="checkbox"/> Pay Stub / Verification of pay by employer	<input type="checkbox"/> Retirement Documentation	<input type="checkbox"/> Foster Care Reimbursement
<input type="checkbox"/> W-2 Form	<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI Documentation
<input type="checkbox"/> Income Tax Form 1040A or 1040	<input type="checkbox"/> Veteran's Benefit Letter	<input type="checkbox"/> TANF Documentation
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Child Support	<input type="checkbox"/> AFDC / Public Assistance Payment
<input type="checkbox"/> Workman's Compensation Documentation	<input type="checkbox"/> Alimony Documentation	<input type="checkbox"/> TennCare Verification
<input type="checkbox"/> Pension Stubs	<input type="checkbox"/> 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: _____