

Newport Grammar School Pre-K Application

Today's Date _____ Child's Social Security Number- _____

Child's Name _____ Goes by _____

Birth Date _____ Gender: ___ Male ___ Female

Home Address:

Street Address and Apt. # _____

City/State/Zip Code _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

How did you hear about the Pre-K program?

Person completing this form: ___ Mother ___ Father ___ Step-mother ___ Step-father ___ Adoptive Parent
___ Other family member (specify) _____ Other (specify) _____

Family Data

Child lives with: ___ Both Parents ___ Mother ___ Father ___ Grandparents

___ Adoptive Parent(s) ___ Other (specify) _____

Number of people in the household _____

Please list those living in the household and relationship to child:

Example: Jane Smith - Mother _____

Primary language spoken at home? _____ Other language(s) spoken at home? _____

Priority is given to students who meet USDA guidelines for free/reduced meals. Do you have school age children who receive free/reduced meals? _____ Do you receive Food stamps? _____

Please check any of the following items that pertain to your child:

___ Child in state custody ___ History of abuse/neglect ___ Prenatal drug exposure
___ Teen Parent ___ Premature baby ___ Military parent/deployed
___ No group experience ___ Attends or has attended Head Start ___ Parent in jail
___ Child has disability and IEP ___ Single parent
___ Homeless ___ Death of parent/sibling

Other at/risk factors: _____

Does your child receive books in the mail from the Imagination Library? _____

Please list 3 emergency contact numbers of family or friends that we may contact if we are unable to reach you:

Name / Relationship/ Phone #

Example- John Smith, grandfather, 423-623-3811

1. _____
2. _____
3. _____

Signature of person filling out this form: _____

You can return the application to the school office or mail it to-

**Newport Grammar School Pre-K
Attention- Lisa Myers/Amy Evans
301 College St
Newport, TN 37821**

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 one or more of the following qualifications will have priority for being accepted into the program:

- **Child is four years old on or before August 15, 2020.**
- **Family meets federal income guidelines for free/reduced meals.**
- **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 Cocke County Pre-K Advisory Council.**

Children who do not meet the above guidelines may be allowed to enroll in Pre-K, if classes are not filled.

The following paperwork is required before your child can attend our Pre-K program. Please begin to collect the paperwork now. You can turn it in to the school office.

- **Copy of Child's Certified Birth Certificate- The child must be 4 years old on or before by Aug. 15th, 2020. A certified birth certificate can be ordered from the Cocke County Health Department, if your child was born in Tennessee.**
- **Copy of the child's Social Security Card**
- **Physical and Shot Record Form- This is a form that your doctor's office will fill out for you when your child has his/her 2020 school physical and has been given the shots needed for beginning preschool. This must done during the year 2020.**

Each family will be asked to fill out a free/reduced meal application. These applications will not be available until the summer of 2020. An application will be mailed to you this summer or you may pick one up at the school office.

**If you have questions or need more information, please contact -
Lisa Myers or Amy Evans at 423-613-1936 or Lisa Myers at 423-237-0499**