

Franklin County Preschool **Application**

Completed applications cannot be turned in until April 13, 2021.

On April 13, 2021 between 8:00 a.m. and 3:00 p.m. you may turn in a completed application at the schools.
(or at the Central Office after April 13, 2021).

Child must be 4 years old by August 15, 2021 to apply for Preschool for the 2021-2022 school year.

Items Required to be turned in with completed application:

- Proof of Income
- Certified Birth Certificate
- Social Security Card
- Immunization Record & Current Physical Report
(both on TN Immunization form)
- Proof of Residence (utility bill, rent receipt, etc.)

•DOCUMENTATION for ALL of the following that apply:

2020 W-2's or tax return or last 3 consecutive pay stubs showing GROSS income

Food Stamps/EBT	Families First (TANF)	Foster Care
Head Start	Homeless or Migrant	Unemployment
Workman's Comp	Pension(s)	Retirement
SS benefits	Veteran's benefits	Child Support
Alimony	SSI Disability	AFDC/Public Assistance

Siblings met eligibility for Free or Reduced-Price Meal Program in the 2020-21 school yr.

And any other income not included in the above list.

For more information contact Patti Limbaugh or Beth Charlton at: 931-967-0626

DATE OF APPLICATION: _____ TIME OF APPLICATION: _____ a.m./p.m.

IF YOUR CHILD TURNS 5 YEARS OLD BEFORE AUGUST 15, HE/SHE IS NOT
ELIGIBLE FOR PRESCHOOL

Child's Name: _____ Brigance Score: _____

Preschool Checklist

- Verification of Income
- Birth Certificate
- Proof of Residency
- Current Physical Dr. Appt. Date: _____
- Social Security Card
- Immunization Record

This form is an application only. Completing this form does not guarantee that this child will be admitted into the program. First priority is given to those children who are economically disadvantaged. Letters of notification of acceptance will be mailed beginning the first of July.



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>

2021-2022

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: _____ County: _____

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: _____

School Requested: First Choice: _____ Second Choice: _____

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	
Siblings met eligibility for Free or Reduced Price Meal Program in 2020 - 2021 school year				

***If submitting proof of qualifying for any of the above programs, you do NOT need to complete Part C.**

ONLY FILL OUT PRINTED NAME OF APPLICANT, APPLICANT SIGNATURE, & TODAY'S DATE. THE TEACHER WILL FILL OUT PARTS C & D

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: _____

Franklin County Schools Student Data/Enrollment

School _____	Enrollment Date _____	Grade _____
Last Name _____	First Name _____	Middle Name _____
Birth Date _____	Age _____	Gender <i>M</i> or <i>F</i> _____
Social Security _____ - _____ - _____		
Ethnicity (Circle one.) <i>Hispanic</i> <i>Non-Hispanic</i> Race (Circle all that apply.) <i>White</i> <i>Black</i> <i>Hispanic</i> <i>Indian</i> <i>Asian</i> <i>Pacific Islander</i>		
Date entered US Schools _____		US Citizen <i>Y</i> or <i>N</i> _____
Birth City _____	Birth County _____	Birth State _____
Birth Country _____		
Home Language _____	Primary Language _____	Limited English Proficient <i>Y</i> or <i>N</i> _____
Last School Attended _____	Date Withdrawn _____	
Last School Attended Address Street _____	City _____	State _____ Zip _____
Phone _____		
Student resides with _____ Relation _____ Legal Guardian <i>Y</i> or <i>N</i> _____		
Mother's Full Name _____	Maiden Name _____	Language <i>English</i> or <i>Non-English</i> _____
Residence (911 Address) _____	City _____	Zip _____
Mailing Address _____	City _____	Zip _____
County _____	Email Address _____	Can pick up student at school <i>Y</i> or <i>N</i> _____
Home Phone _____	Cell Phone _____	Work Phone _____
Employer _____	Employment Address _____	
Father's Full Name _____ Language <i>English</i> or <i>Non-English</i> _____		
Residence (911 Address) _____	City _____	Zip _____
Mailing Address _____	City _____	Zip _____
County _____	Email Address _____	Can pick up student at school <i>Y</i> or <i>N</i> _____
Home Phone _____	Cell Phone _____	Work Phone _____
Employer _____	Employment Address _____	
<p><i>A copy of the legal court order regarding child's custody must be on file at current school if student does not reside with both parents. A legal custody order is required from any guardian other a parent.</i></p>		
Guardian's Full Name _____ Language <i>English</i> or <i>Non-English</i> _____		
Residence (911 Address) _____	City _____	Zip _____
Mailing Address _____	City _____	Zip _____
County _____	Email Address _____	
Home Phone _____	Cell Phone _____	Work Phone _____
Employer _____	Employment Address _____	

PLEASE CHECK IF ANY OF THE FOLLOWING APPLY TO YOU OR THE
CHILD FOR WHICH YOU ARE APPLYING

____ Teen-age Parent(s)

____ Single Parent

____ Incarcerated Parent(s)

____ Grandparent(s) Raising Grandchildren

____ Deployed Parent(s)

____ Parent(s) Living with other Family or non-Family Members

____ Premature Birth

____ Adopted Child

____ Homeless