



NOW ACCEPTING

Hamblen County Board of Education  
210 E. Morris Boulevard  
Morristown, TN. 37813

# Application To Pre-K

## Hamblen County Schools Pre-K Application Process “Jump Start to Educational Excellence” for Four-Year Old Children

Pre-K prepares children for success in kindergarten. There are limited seats in Pre-K across the Hamblen County School District. **Your child must be four years old by August 15, 2021 to be eligible.**

### Voluntary Pre-K Classrooms

Voluntary Pre-K is an educational program with funding awarded by the state department of education. The purpose of the program is to provide four-year old children, identified as being educationally and economically at-risk, with access to a high-quality academic learning environment in order to prepare them for future educational success. The program is free for eligible families based on 2021 US Health and Human Services Poverty Guidelines.

**In order to apply for VPK, the parent/guardian must bring the following items:**

- Proof of birth
- Social Security # (if available)
- Child's up-to-date immunization record
- Photo identification of the parent/guardian
- Proof of legal guardianship if not the parent
- Two proofs of residency in Hamblen County (utility bill, rent receipt, tax bill, or proof of official mailing address)
- Last year's federal tax returns, if filed, or statement from employer of this year's projected income.
- Complete an income eligibility form and report all household income.

**Applications for VPK programs will be accepted March 8th-April 9th, 2021 at the VPK school in which you desire to enroll.** Application packets may be picked up from the individual school or accessed online at [www.hcboe.net](http://www.hcboe.net). Parents will be notified of their acceptance in the VPK program by April 16, 2021.

**HCDOE operates eight VPK classrooms at the following locations:** Hillcrest Elementary School (423-586-7472), Lincoln Heights Elementary School, (423-586-2062), Manley Elementary School (423-586-7400), Russellville Elementary School (423-586-6560), West Elementary School (423-586-1263), and Witt Elementary School (423-586-2862).

### Tuition Pre-K

Three locally funded Pre-K classrooms are located within the district for a fee of **\$125 per week**. First-priority enrollment is granted to four-year old children of HCBOE employees. Acceptance in Tuition Pre-K for remaining seats is strictly through a random drawing due to the program having more applicants than classroom openings.

**Applications for Tuition Pre-K should be turned in to the individual school no later than the end of the school day on March 12, 2021.** Tuition Pre-K classroom teachers will notify families of their acceptance by March 19, 2021.

Families will have two weeks following notification to submit required enrollment documentation.

Tuition Pre-K classrooms are located at the following schools: Manley Elementary School (423-586-7400), Russellville Elementary School (423-586-6560), and Union Heights Elementary School (423-586-1502).

**Application paperwork for both programs will be available at individual schools or online at [www.hcboe.net](http://www.hcboe.net). For more information about Hamblen County Pre-K programs, call the Pre K schools or 423-522-2080.**

**\*\*\*Developmental pre-k classrooms are available for 3 and 4-year old children with developmental delays or disabilities that have an Individual Education Plan. Call the Special Services Department at 423-581-3067 for information.**





## **Voluntary Pre-K Application Information**

Welcome and thank you for your interest in the Hamblen County Schools Pre-K program! This very important preschool program is primarily funded through a grant provided by the Tennessee Department of Education along with some local funding. It is an important educational program offered to children who live in Hamblen County and who are four years old by August 15, 2021.

Voluntary Pre-K means you are requesting to enroll in the Pre-K program. Once accepted into the program, excellent attendance is expected. This is an important first step in your child's education. Students are expected to maintain attendance at 90% or risk losing enrollment in the program. Space is limited and a waiting list is maintained once all the available spaces are filled.

In accordance with Tennessee law and rules and regulations of the State Department of Education, students who meet the following qualifications will have priority for being accepted into the program:

- Child is four years old on or before August 15, 2021
- Family resides in Hamblen County (school zone does not matter)
- Military Parent is KIA, MIA, or POW
- Family meets federal income guidelines

**Please complete the VPK application and submit it with the following information:**

- ☐ **Income verification form**
- ☐ **Two proofs of residence in Hamblen County**
- ☐ **Proof of Birth**
- ☐ **Social Security # if available**
- ☐ **Parent/guardian's photo ID.**

**Hamblen County Schools Voluntary Pre-K Application 2021-2022**

**Today's Date** \_\_\_\_\_ **Child's Name** \_\_\_\_\_

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

**Home Address** \_\_\_\_\_ (Street Address and Apt. #)  
\_\_\_\_\_  
\_\_\_\_\_ (City/State/Zip Code)

**Phone Numbers:** \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

**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** \_\_\_\_\_

**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?** \_\_\_\_\_

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

- ☐ Child receives special education services
- ☐ Child is in state custody or foster care
- ☐ Child attended Early Head Start or Head Start
- ☐ Child/family receives food stamps (EBT) or Families First (TANF)
- ☐ Child is homeless or migrant
- ☐ Child has a history of abuse/neglect (DCS involvement)
- ☐ Child has a military parent who is missing in action, killed in action, or a prisoner of war
- ☐ Other at/risk factors: \_\_\_\_\_

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

**Signature of person filling out this form:** \_\_\_\_\_

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



Pre-K 1st Choice: \_\_\_\_\_ Pre-K 2nd Choice: \_\_\_\_\_ Pre-K 3rd Choice: \_\_\_\_\_

2021-2022 Pre K Application

## Pre K Student Data Form

Last Name	_____	First Name	_____	Middle Name	_____
Student resides with	_____	Relation	_____	Legal Guardian	Y or N
Birth Date	_____	Age	_____	Gender	M or F
				Social Security	____-____-____
Ethnicity (Circle one.)	Hispanic	Non-Hispanic	Race (Circle all that apply.)	White	Black
				Indian	Asian
				Pacific Islander	US Citizen
					Y or N
Birth City	_____	Birth County	_____	Birth State	_____
				Birth Country	_____
Home Language	_____	Primary Language	_____	Limited English Proficient	Y or N
Does your child have a diagnosed disability? (IEP)	Y or N	IEP from Local Education Association?	Y or N	IEP attached?	Y or N
Is a parent of your child incarcerated?	Y or N	Is a parent of your child a teen parent?	Y or N		

Mother's Full Name	_____	Maiden Name	_____
Language	English or Non-English	Active Military	Y or N
		Active Member of Reserves	Y or N
		Active Member of Guard	Y or N
Residence (911 Address)	_____	City	_____
		Zip	_____
Mailing Address	_____	City	_____
		Zip	_____
County	_____	Email Address	_____
		Can pick up student at school	Y or N
Primary Phone	_____	Cell Phone	_____
		Work Phone	_____
Employer	_____	Employment Address	_____
Number you preferred to be notified by Emergency Notification System (School Messenger)	_____		

Father's Full Name	_____
Language	English or Non-English
Active Military	Y or N
Active Member of Reserves	Y or N
Active Member of Guard	Y or N
Residence (911 Address)	_____
(If different from mother's 911 address)	City _____ Zip _____
Mailing Address	_____
(If different from mother's mailing address)	City _____ Zip _____
County	_____
Email Address	_____
Can pick up student at school	Y or N
Primary Phone	_____
Cell Phone	_____
Work Phone	_____
Employer	_____
Employment Address	_____

*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.*

Guardian's Full Name	_____
Language	English or Non-English
Active Military	Y or N
Active Member of Reserves	Y or N
Active Member of Guard	Y or N
Residence (911 Address)	_____
	City _____ Zip _____
Mailing Address	_____
	City _____ Zip _____
County	_____
Email Address	_____
Primary Phone	_____
Cell Phone	_____
Work Phone	_____
Employer	_____
Employment Address	_____
Number you preferred to be notified by Emergency Notification System (School Messenger)	_____



<b>For Office Use Only</b>
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.

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		

\*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.					
	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: \_\_\_\_\_