

2020-2021 Voluntary Pre-K Application



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Guidelines

Maryville City Schools operates two Voluntary Pre-K classes, one location at John Sevier Elementary and another at Sam Houston Elementary. Class size is limited to 20 students at each location. Children must qualify to attend Maryville City Schools Voluntary Pre-K based on the following:

- (1) That the child and his/her parent/guardian are residents of Maryville City.
- (2) That the child will be four (4) years of age on or before August 15, 2020.
- (3) That the total household income falls within the guidelines of the 2020 US Health and Human Services Poverty Guidelines.

Tier 1: Children whose families qualify by income eligibility, homeless, or foster children;

Tier 2: Children whose first language spoken at home is not English or who have an IEP

Submission of the Voluntary Pre-K Application is not a guarantee of acceptance into the program. Once the application, income verification, and proof of residency are submitted, the Director of Schools or his/her designee will determine the eligibility of students based on the guidelines and priorities state above. Some enrollment decisions will not be finalized until mid to late July. After the classes have reached capacity, eligible students will be placed on a waiting list.

Maryville City Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age.



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

2020-2021

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 #: () _____

Email Address: _____

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): →		

Part E- PROOF OF RESIDENCY

Please provide proof of residency in the corporate limits of the City of Maryville by submitting the following documentation containing the address:

1. Current rental or mortgage contract; and
2. A current utility or similar bill, including but not limited to, telephone, electric, and water.

If the custodial parent or legal guardian is residing with a resident of Maryville City, the owner/resident of the property will be required to provide a notarized affidavit to that effect and provide the information listed above to establish residency. In addition, the custodial parent or legal guardian must provide at least four additional documents containing the address. The list of proof of residency documents can be found on the MCS website (<https://www.maryville-schools.org/parentsstudents/forms>) or by contacting 865-982-7121.

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: _____