

# Maryville City Schools Integrated Pre-K



833 Lawrence Ave.  
Maryville, TN 37803  
Phone: (865) 982-7121  
Fax: (865) 977-5055

Maryville City Schools operates three Integrated Pre-K classes at each of the following elementary schools: John Sevier Elementary, Foothills Elementary, and Sam Houston Elementary. Children must qualify to attend an Integrated Pre-K class based on the following:

## Eligibility:

- (1) Student and his/her parent/guardian are residents of Maryville City.
- (2) Student must be 4 years of age, but not yet 5 by August 15<sup>th</sup>, 2021.
- (3) Meet at least one additional criteria:
  - Student whose family qualifies by income eligibility, homeless, or foster children.
  - Or
  - Student whose first language spoken at home is not English or who have an Individualized Education Program (IEP).

## Guidelines:

- Registration documentation to include: immunization record, birth certificate, and social security card/number
- Income verification is required.
- Completion of developmental checklists. VPK acceptance will NOT be contingent upon reported delays.
- Follow Maryville City Schools attendance policy. Students with IEPs are expected to attend based on their IEP service hours.
- Parents must have their children at the program on time and pick them up at the designated time.
- Limited transportation may be available for children living in Maryville Housing Authority residences.

**Submission of the Integrated 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 stated 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.**



<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

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

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		\$ -
<b>Total Annual (Yearly) Income</b>						<b>\$ -</b>

### 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): →	

### Part E- RESIDENCY VERIFICATION

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: \_\_\_\_\_

Maryville City Schools Integrated Pre-K  
Developmental Summary & Transportation Request

Name of Student: \_\_\_\_\_

If you live in a Maryville Housing Authority residence, are you interested in **bus transportation** for your child?

YES or NO or NOT APPLICABLE

Allergies \_\_\_\_\_

Is your child on any medications? Yes or No

If so, please list: \_\_\_\_\_

Is this a child or grandchild of a Maryville City Schools Employee? Yes or No

If yes, please fill in: Staff member's name: \_\_\_\_\_

Has your child attended another preschool program? Yes or No

If so, when: \_\_\_\_\_ where: \_\_\_\_\_

Is your child toilet trained? Yes or No or Somewhat

**Eating Habits:**

Favorite Foods \_\_\_\_\_

Disliked Foods \_\_\_\_\_

**Speech and Physical Growth:**

At what age did your child speak in complete sentences? \_\_\_\_\_

Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_

**Behavioral:**

Does your child have frequent temper tantrums? Yes No

How long do they last & how often do they occur? \_\_\_\_\_

Can you tell what starts them? \_\_\_\_\_

What helps him/her to calm down? \_\_\_\_\_

Would you describe your child as: under active active overly active

**Please complete the following checklists:**

**Social Skills/School Readiness**

Usually    Developing    Not Yet

Follows simple safety precautions			
Accepts change in routine			
Puts away his/her own materials			
Understands & follows directions for his/her age			
Share toys appropriately for his/her age			
Plays cooperatively with other children as appropriate for age			
Continues to work even when task is somewhat difficult			
Can count up to 10 (may use his/her fingers)			
Engages in singing to nursery rhymes and other music			

**Physical Development**

Usually    Developing    Not Yet

Walks, runs, jumps, and climbs appropriately for age			
Throws and catches balls appropriately for age			
Can pedal a bicycle or tricycle			
Can hold a crayon with thumb and two finger grip			
Can string items like beads			
Can draw some basic shapes (may copy)			

**Language/Speaking**

Usually    Developing    Not Yet

Answers questions with a complete thought			
Participates in story time interactively (i.e. engages in books)			
Uses 4-5 word sentences or greater			
Most people understand the majority of what he/she is saying			

**Turn this page over to provide additional details about your child that you would like Maryville City Schools to know.**

I have read the Maryville City Schools Integrated Pre-K guidelines & eligibility requirements and understand I will be notified when openings occur. I understand this application does not guarantee that my child will be selected to participate in the Maryville City Schools Integrated Pre-K Program. Maryville City Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Maryville City Schools Integrated Pre-K

Applications may be submitted by the following means:

### USPS

Maryville City Schools Central Office  
Attention: Melanie Davidson  
833 Lawrence Ave.  
Maryville, TN 37803  
Phone: (865) 982-7121  
Fax: (865) 977-5055

Via email: [melanie.davidson@maryville-schools.org](mailto:melanie.davidson@maryville-schools.org)

Via Fax: (865) 977-5055 ATTN: Melanie Davidson

To any of the three elementary school's offices:

### **John Sevier Elementary School**

2001 Sequoyah Avenue  
Maryville, TN 37804  
Phone: 865-983-8551  
Fax: 865-977-0725  
(off Sevierville Rd- sign present)

### **Sam Houston Elementary School**

330 Melrose Street  
Maryville, TN 37803  
Phone: 865-983-3241  
Fax: 865-444-0796  
(two blocks behind the MHS  
football field)

### **Foothills Elementary School**

520 Sandy Springs Road  
Maryville, TN 37803  
Phone :865-681-0364  
Fax: 865-681-0366  
(turn onto Sandy Springs off Hwy 129)