



## 2023 – 2024 Pre-K Application Information

Thank you for your interest in the Granville County Public Schools Pre-Kindergarten program. This program is funded and driven by state NC Pre-Kindergarten and federal Title I guidelines.

To be eligible for GCPS Pre-K, a child must:

- be at least 4 years old by August 31<sup>st</sup> and
- reside in Granville County.

### **APPLICATION CHECKLIST** (ALL items must be included for a complete application)

- Completed, **signed** Application
- Child's Birth Certificate
- Proof of Residence form (submit form with required documents)
  - Copy of current utility bill **-or-** rental agreement **-or-** other documents listed on form
- Documentation of Income form (submit form with required documents)
  - Tax form 1040 **-or-** W-2 forms **-or-** Current pay stubs (one month's worth) **-or-** Letter from employer
  - Include child support, child's social security income

### **PRIORITY DEADLINE FOR COMPLETE APPLICATIONS – JUNE 9, 2023**

Complete application packets received after this date will be placed on the program waitlist.

Return **complete** application packet (including copies of documentation):

#### **EMAIL TO**

prek@gcs.k12.nc.us

#### **IN PERSON**

Your neighborhood Elementary School  
or  
GCPS Student Registration Center  
or  
GCPS Central Office

#### **MAIL TO**

GCPS PreK Program  
PO Box 927  
Oxford, NC 27565

**QUESTIONS?** Email [prek@gcs.k12.nc.us](mailto:prek@gcs.k12.nc.us) or Call 919-693-4613



Granville County Public Schools  
PRE-KINDERGARTEN ENROLLMENT APPLICATION



Please complete one application per eligible child and submit to the school in your attendance zone.  
An eligible child will be four (4) years old by **August 31<sup>st</sup>**.

**Child's Full Name:**  
(as listed on birth certificate)

**Date of birth:**

**Gender:**

Male  Female

**Ethnicity:**

Hispanic or Latino  
 Not Hispanic or Latino

**Race:** (mark one or more boxes)

American Indian / Alaska Native  
 Asian  
 Black / African American  
 Native Hawaiian / Other Pacific Islander  
 White / European American

**Street Address:** \_\_\_\_\_

**City / Zip Code:** \_\_\_\_\_

**School Attendance Zone:** \_\_\_\_\_

**Mailing Address:** (if different from street address)

\_\_\_\_\_

\_\_\_\_\_

**Is your family homeless (temporarily living with friends/family or in shelter/car/hotel)?**  Yes  No

**Child lives with:**  Both parents  Mother only  Father only  Other \_\_\_\_\_

If you are a *court-ordered* legal guardian of the child, please provide a copy of the court order.

**Marital Status of Parents:**  Single  Married  Separated  Divorced

**MOTHER/ STEPMOTHER / GUARDIAN**

**FATHER/ STEPFATHER / GUARDIAN**

**Name:**

**Name:**

**Currently living with the child?**  Yes  No

**Currently living with the child?**  Yes  No

**Language spoken:** English?  Fluent  Some  None  
Other Language? \_\_\_\_\_

**Language spoken:** English?  Fluent  Some  None  
Other Language? \_\_\_\_\_

**Email address:**

**Email address:**

**Home phone:** ( )

**Home phone:** ( )

**Cell phone:** ( )

**Cell phone:** ( )

**Work phone:** ( )

**Work phone:** ( )

**List all other adults living in the household (over age 18):**

Name

Relationship to child


**List all other children living in the household (under age 18):**

Name

Relationship to child

Age


~~ COMPLETE APPLICATION ON OTHER SIDE ~~

## Eligibility Information

**Does this child have any special developmental needs or disabilities?**  Yes  No  Unsure

If **yes**, has this child been referred for full testing and been diagnosed with a delay?  Yes  No

What agency evaluated this child? \_\_\_\_\_ When? \_\_\_\_\_

Does this child have an IEP?  Yes  No When was this developed? \_\_\_\_\_

Does this child receive any kind of specialized services? (please check all that apply)

Speech Therapy  Physical Therapy  Occupational Therapy

Home Visits from Early Interventionist  Other (please describe) \_\_\_\_\_

If **unsure**, what are your concerns about this child's development? \_\_\_\_\_

**Does this child have any chronic health problems?** (asthma, diabetes, sickle cell, etc.)  Yes  No

If **yes**, explain (if enrolled, you must provide an action plan created by your doctor) \_\_\_\_\_

**Is this child currently enrolled in a preschool or child care program?**  Yes  No

If **yes**, which one? \_\_\_\_\_

Have you applied for childcare subsidy/scholarships through the Department of Social Services?  Yes  No

If **yes**, please check one:  We currently receive childcare subsidy.  We don't qualify for childcare subsidy.

We are on the subsidy waiting list.

If **no**, has this child ever been enrolled in a child care program?  Yes  No

Where did this child attend? \_\_\_\_\_ When? \_\_\_\_\_

Who **currently** takes care of this child during the day? \_\_\_\_\_

**Please read the following statements carefully and initial in the box by each.**

	I certify that all of the given information is true and correct and that all income is reported to the best of my knowledge. Deliberate misrepresentation of the information may affect this child's eligibility for the program.
	I understand that I am responsible for informing the school of any change of information on this application. (phone number, address, work status, income, etc)
	I give my permission for the information on this application and any other documentation that I submit with this application to be released to the selection committees, the classroom staff, DCDEE representatives, and others as necessary.
	I understand that this is an application for the Pre-Kindergarten selection process within Granville County Public Schools. Children are selected for enrollment based upon state and federal guidelines. There may be a waiting list for the program.
	I understand that if this child is selected to participate in the Pre-Kindergarten program, family involvement will be critical to the success of the child. I/We commit to participate as requested by the Pre-Kindergarten program.

**\*\*PARENT/GUARDIAN SIGNATURE IS REQUIRED\*\***

Parent/Guardian signature:	Date:
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Due to limited space in Pre-K, your child MAY be offered a space at a school that is not in your attendance zone.  
**We are NOT able to offer bus transportation if your child attends a school outside of your attendance zone.**

Will you be able to provide transportation to and from school if your child attends a school that is not their attendance zone?  
 Yes  No

Please **prioritize** all schools you would consider for your child by placing a numeral 1 for first choice, 2 for second choice, etc.

Northern Granville Schools		Southern Granville Schools		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stovall-Shaw Elementary	West Oxford Elementary	Butner-Stem Elementary	Mt. Energy Elementary	Tar River Elementary

**For Office Use Only:**

GCPS representative signature to verify application complete	Birth Certificate on file <input type="checkbox"/> Yes <input type="checkbox"/> No	Residence on file <input type="checkbox"/> Yes <input type="checkbox"/> No	Income on file <input type="checkbox"/> Yes <input type="checkbox"/> No
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GRANVILLE COUNTY SCHOOLS

PROOF OF RESIDENCE

SCHOOL YEAR: \_\_\_\_\_

Student's (Last)

(First)

(Middle)

<u>PARENT/LEGAL GUARDIAN'S NAME</u>			<u>OWNER, RENTER/LEASEHOLDER'S NAME</u>		
_____ Last Name	_____ First Name	_____ MI	_____ Last Name	_____ First Name	_____ MI
_____ Street Address			_____ Street Address		
_____ City & State			_____ City & State		

In what school district is your residence located? \_\_\_\_\_

Proof of address to verify the residence of the parent(s) or court appointed guardian must be presented. The document must show the name and present address of the parent/guardian listed above.

The documentation you present MUST be one of the following:

\_\_\_\_\_ Original heating fuel, water, or electric bill in the name of the child's parent/guardian. The bill must be within the last 60 days.

\_\_\_\_\_ Official rental/lease agreement signed by the child's parent(s)/guardian and owner of the property.

If the above documentation cannot be provided, the following must be provided for approval. NOTE: Both the parent and the individual providing proof of residence must be present.

Proof of residence from the individual(s) that the child's parent is living with

\_\_\_\_\_ Original heating fuel, water, or electric bill. The bill must be within the last 60 days.

\_\_\_\_\_ Official rental/lease agreement signed by the renter and/or owner of the property.

And any TWO of the following that verify the parent/guardian's name and the above listed address.

\_\_\_\_\_ Driver's License

\_\_\_\_\_ State ID card (from the Department of Motor Vehicles)

\_\_\_\_\_ Car Registration

\_\_\_\_\_ Letter from employer on company letterhead verifying address of the child's parent(s)/guardian.

\_\_\_\_\_ Medicaid card (with name of student, parent(s) or guardian)

\_\_\_\_\_  
Signature of Parent or Court Appointed Guardian

\_\_\_\_\_  
Date

I, \_\_\_\_\_, verify that all of the information given is true.

**A signature is also required of the person who owns, pays rent or is the lease holder of the house or apartment:**

I, \_\_\_\_\_, verify that all of the information given is true.

**OFFICE USE ONLY**

Action Taken:     Approved     Denied School \_\_\_\_\_    Grade \_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent/Designee

\_\_\_\_\_  
Date



# Granville County Public Schools

## DOCUMENTATION OF INCOME FOR PRE-K



\*\* Complete income information is required to be considered for the NCPreK classrooms. \*\*

<b>Child's Full Name:</b> (as listed on birth certificate)				<b>Date of birth:</b>			
<b>MOTHER/ STEPMOTHER / GUARDIAN</b>				<b>FATHER/ STEPFATHER / GUARDIAN</b>			
<b>Name:</b>				<b>Name:</b>			
<b>Currently living with the child?</b> Yes      No <i>If no, proof of income is not required.</i>				<b>Currently living with the child?</b> Yes      No <i>If no, proof of income is not required.</i>			
<b>Employed?</b> Yes      No If <b>yes</b> , list average hours worked per week: _____ If <b>no</b> , please mark your situation below:  Seeking employment    Attending high school    Attending secondary education    Attending job training    Other-describe				<b>Employed?</b> Yes      No If <b>yes</b> , list average hours worked per week: _____ If <b>no</b> , please mark your situation below:  Seeking employment    Attending high school    Attending secondary education    Attending job training    Other-describe			
<b>Place of Employment:</b>		<b>Active Duty Military?</b> Yes      No		<b>Place of Employment:</b>		<b>Active Duty Military?</b> Yes      No	
<b>Other sources of income?</b> Unemployment    Child Support    Workman's Comp Child's SSI      Retirement      Disability  <b>I have no source of income.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If not employed and no other source of income is marked above, please list the person or source that provides support for this family:				<b>Other sources of income?</b> Unemployment    Child Support    Workman's Comp Child's SSI      Retirement      Disability  <b>I have no source of income.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If not employed and no other source of income is marked above, please list the person or source that provides support for this family:			
<b>Is proof of all income attached?</b> Yes      No				<b>Is proof of all income attached?</b> Yes      No			

**~~~ NOTE ~~~**

Proof of income may include the following: paystubs (at least 1 month); tax records (W-2, tax returns listing adjusted gross income, 1099s); award letters from Social Security Administration and Employment Security Commission; employer written statements signed by employer; or signed statement below when there is no family income.

**I certify that all the information stated above is true.**

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

MOTHER/STEPMOTHER/GUARDIAN			FATHER/STEPFATHER/GUARDIAN		
Gross Pay per attached	Weekly (X52) Biweekly (X26) Twice Monthly (X24) Monthly (X12)	Annual Gross Pay	Gross Pay per attached	Weekly (X52) Biweekly (X26) Twice Monthly (X24) Monthly (X12)	Annual Gross Pay
\$ _____	W B T M	\$ _____	\$ _____	W B T M	\$ _____
\$ _____	W B T M	\$ _____	\$ _____	W B T M	\$ _____
\$ _____	W B T M	\$ _____	\$ _____	W B T M	\$ _____
TOTAL		\$ _____	TOTAL		\$ _____
CHILD'S SOCIAL SECURITY ADMINISTRATION			ANNUAL INCOME FOR FAMILY		FAMILY SIZE
\$ _____	W B T M	\$ _____			