



Granville County PUBLIC SCHOOLS

"Committed to Excellence and Achievement for All"

2024 – 2025 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 31st 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
- Documentation of Assistance (if you receive assistance and would like it to be considered as part of your eligibility)
 - Letter/Statement from DSS regarding foster care placement **-or-** Public assistance enrollment/awards letter

PRIORITY DEADLINE FOR COMPLETE APPLICATIONS – JUNE 30, 2024

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 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 31st**.

Child's Full Name: <small>(as listed on birth certificate)</small>	Date of birth:
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> <u>Not</u> Hispanic or Latino	Race: (mark one or more boxes) <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White / European American
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Street Address: _____ City / Zip Code: _____ School Attendance Zone: _____	Mailing Address: (if different from street address) _____ _____
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Is this child in foster care? Yes No Is refugee service being provided? Yes No

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently living with the child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Language spoken: English? <input type="checkbox"/> Fluent <input type="checkbox"/> Some <input type="checkbox"/> None Other Language? _____	Language spoken: English? <input type="checkbox"/> Fluent <input type="checkbox"/> Some <input type="checkbox"/> 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):

<u>Name</u>	<u>Relationship to child</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

<u>Name</u>	<u>Relationship to child</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

~~ COMPLETE APPLICATION ON OTHER SIDE ~~

****Do you give permission for your contact information to be shared for educational resources and events? Yes No****

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? _____

Do you **currently receive** any of the following? (Check **ALL** that apply) *Please provide documentation of assistance received.*

- Food Stamps/SNAP** **Medicaid/Health Choice** **WIC** **TANF/Work First** **Public Housing Assistance**

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			Non-School Site
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.G. Credle Elementary	Stovall-Shaw Elementary	West Oxford Elementary	Butner-Stem Elementary	Tar River Elementary	Wilton Elementary	Kiddie Klubhouse Childcare Center, Butner

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. ****

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

CALCULATED BY _____ VERIFIED BY _____