

Maryville City Schools Integrated Pre-K



833 Lawrence Ave.
Maryville, TN 37803
Phone: (865) 983-8551 Ext: 31160
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 15th, 2024.
- (3) Meet at least one additional criterion:
 - Student whose family qualifies by income eligibility, homeless, or foster children.
Or
 - Student who has an Individualized Education Program (IEP).

Guidelines:

- Proof of residency and income verification must be attached to the application in order to be considered for VPK.
- 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.

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.



For Office Use Only
Please Circle One
Income Eligible: Yes / No
<small>If yes, and enrolled, student should be classified as (L) in student information system</small>

2024-2025

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		

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.	Allimony		

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		Allimony 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 statement: City of Maryville or Atmos

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

Applications may be submitted by the following means:

USPS

Maryville City Schools Central Office
Attention: Kara Griffeth
833 Lawrence Ave.
Maryville, TN 37803
Phone: (865) 983-8551 Ext: 31160
Fax: (865) 977-5055

Via email: prekinfo@maryville-schools.org

Via Fax: (865) 977-5055 ATTN: IPK Kara Griffeth

To any of the three elementary school's offices:

John Sevier Elementary School

2001 Sequoyah Avenue
Maryville, TN 37804
Phone: (865) 983-8551 Ext: 31160
Fax: 865-977-0725 ATTN: IPK – Kara Griffeth
(off Sevierville Rd- sign present)

Foothills Elementary School

520 Sandy Springs Road
Maryville, TN 37803
Phone: (865) 983-8551 Ext: 31160
Fax: 865-681-0366 ATTN: IPK – Kara Griffeth
(turn onto Sandy Springs off Hwy 129)

Sam Houston Elementary School

330 Melrose Street
Maryville, TN 37803
Phone: (865) 983-8551 Ext: 31160
Fax: 865-444-0796 ATTN: IPK – Kara Griffeth
(two blocks behind the MHS football field)