



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 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:
(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 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? ☐ 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 ~~

****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
☐ Yes ☐ No

Residence on file
☐ Yes ☐ No

Income on file
☐ Yes ☐ No

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
If **no**, proof of income is not required.

Currently living with the child? Yes No
If **no**, proof of income is not required.

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. ☐ Yes ☐ 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. ☐ Yes ☐ 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	\$ _____		
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CALCULATED BY _____ VERIFIED BY _____