



## WELCOME TO RAS PRE-KINDERGARTEN

We are so very excited for your interest in joining your Pre-Kindergarten student into our Tiger Family. The Ralph Askins Pre-Kindergarten Program offers many opportunities for your child to grow academically and socially! The teachers utilize curricula that is rich in a multisensory approach to learning. An application can be picked up at RAS between the hours of 8AM and 4PM. You can also access a packet online at [fcsboe.org](http://fcsboe.org). Once you have completed and submitted all forms, your child will be scheduled for a visit and a screening with one of the Pre-Kindergarten teachers.

Sincerely,

Dr. Claudia Styles, Elementary Curriculum Supervisor  
Office: 931-433-5542  
[stylesc@fcsboe.org](mailto:stylesc@fcsboe.org)

Visit our website at [www.fcsboe.org/ras](http://www.fcsboe.org/ras) or follow us on Facebook



Ralph Askins Elementary School  
901 Shady Lane  
Fayetteville, TN  
(931) 433-5311



## Preschool Application

The following documents are required unless the enrolling student is in state custody or is experiencing homelessness:

- Preschool application with proof of income
- Birth certificate or other official records of birth
- Current immunization record
- Current physical examination
- One proof of residency dated within the past two months stating the name of the parent/legal guardian and the address of residence. Acceptable forms of proof of residency include:
  - Option 1: Copy of signed lease agreement or mortgage statement
  - Option 2: Utility bill (i.e., electric, water, gas, or sewer)
  - Option 3: Bank or credit card statement
  - Option 4: Paystub
  - Option 5: Voter Registration or some type of legal mail

### Please note:

- **Completing this application does not qualify your child for the Free or Reduced Meal Program.**
- **Submission of this application does not guarantee acceptance into the Voluntary Pre-K (VPK) Program.**
- **Refusal to provide income does not prevent provision of special education services.**

### STUDENT AND HOUSEHOLD INFORMATION

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	
<b>Preferred Name</b>		<b>Birth Date</b>		<b>Phone Number</b>	
<b>Physical Address</b>		<b>Apt</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mailing Address (if different)</b>		<b>Apt</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Race</b>	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White		<input type="radio"/> Asian <input type="radio"/> Black or African American		
<b>Is the student Hispanic / Latino?</b>	<input type="radio"/> Yes <input type="radio"/> No	<b>Sex</b>	<input type="radio"/> Male <input type="radio"/> Female		
<b>Other Information (as applicable)</b>	<input type="radio"/> Individualized Education Plan (IEP) <input type="radio"/> 504 Plan		<input type="radio"/> Foster Care <input type="radio"/> Migrant		
<b>Where does your child currently stay at night?</b>					
<input type="radio"/> Home or apartment owned or rented by the parents/guardians <input type="radio"/> Campsite		<input type="radio"/> Automobile <input type="radio"/> Shelter <input type="radio"/> Hotel/Motel		<input type="radio"/> Temporarily living with relative/friend <input type="radio"/> Housing that is inadequate (no electricity, running water, etc.)	
<b>Has your child ever attended one of the following?</b>	<input type="radio"/> Head Start <input type="radio"/> Early Head Start <input type="radio"/> Family Childcare		<input type="radio"/> Mother's Morning Out <input type="radio"/> Private daycare <input type="radio"/> Private/Public Preschool		
<b>Previous Schools or Preschool Attended</b>	<b>Address</b>		<b>Telephone</b>		<b>Years Attended</b>

PARENT/GUARDIAN #1				
<b>Last Name</b>		<b>First Name</b>		<b>Email Address</b>
<b>Home Phone</b>		<b>Work Phone</b>		<b>Cell Phone</b>
<b>Physical Address (if different from student)</b>		<b>Apt</b>	<b>City</b>	<b>State</b>
				<b>Zip Code</b>
<b>Mailing Address (if different from student)</b>		<b>Apt</b>	<b>City</b>	<b>State</b>
				<b>Zip Code</b>
<b>Relationship to Student</b>				
<b>Lives with student?</b>	<input type="radio"/> Yes		<input type="radio"/> No	
<b>Employer</b>		<b>Occupation</b>		<b>Work Hours</b>
<b>Work Address</b>		<b>City</b>		<b>State</b>
				<b>Zip Code</b>

PARENT/GUARDIAN #2				
<b>Last Name</b>		<b>First Name</b>		<b>Email Address</b>
<b>Home Phone</b>		<b>Work Phone</b>		<b>Cell Phone</b>
<b>Physical Address (if different from student)</b>		<b>Apt</b>	<b>City</b>	<b>State</b>
				<b>Zip Code</b>
<b>Mailing Address (if different from student)</b>		<b>Apt</b>	<b>City</b>	<b>State</b>
				<b>Zip Code</b>
<b>Relationship to Student</b>				
<b>Lives with student?</b>	<input type="radio"/> Yes		<input type="radio"/> No	

<b>Employer</b>		<b>Occupation</b>		<b>Work Hours</b>	
<b>Work Address</b>		<b>City</b>		<b>State</b>	<b>Zip Code</b>

**EMERGENCY CONTACT INFORMATION**

<b>EMERGENCY CONTACT #1</b>				
<b>Last Name</b>	<b>First Name</b>		<b>Relationship to Student</b>	
<b>Home Phone</b>	<b>Work Phone</b>		<b>Cell Phone</b>	
<b>Address</b>	<b>Apt</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>EMERGENCY CONTACT #2</b>				
<b>Last Name</b>	<b>First Name</b>		<b>Relationship to Student</b>	
<b>Home Phone</b>	<b>Work Phone</b>		<b>Cell Phone</b>	
<b>Address</b>	<b>Apt</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

**Part A: Family Information**

Please list information for all other household members.

<b>Section 1: Name(s) of All Other Children in the Household</b>	<b>Date of Birth</b>	<b>School</b>	<b>Grade</b>
1.			
2.			
3.			
4.			
5.			

Section 2: Name(s) of <b>All Adults</b> in the Household		Relationship to Student
1.		
2.		
3.		
4.		

**Total Number of Household Members:** \_\_\_\_\_

### Part B: Program Participation

Please check (✓) if a child, family, or household member participates in one or more of the following programs, currently or during the past school year. Documentation is required (See Part D.)

✓	Program	✓	Program	✓	Program	✓	Program
	Early Head Start		Foster Care		Migrant		Supplemental Nutrition Assistance Program (SNAP)
	Head Start		Homeless		Families First (TANF)		SNAP/TANF Case Number:

### Part C: Total Household Income

Please list **ALL INCOME** of household family members and how often income is received. Any falsification of information concerning income, residency, 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 of months that you receive the income and then calculate the Amount and the Total Annual income.

Source of Income Codes			
A. GROSS Work Income	D. Pensions	G. Veteran's Benefits	J. Alimony
B. Unemployment	E. Retirement	H. Child Support	K. Other (must list)

C. Workman's Comp		F. Social Security Benefits		I. SSI Disability		
Name of Adult	Employer (if applicable)	Source of Income Code	Monthly Payment or Wage Amount	Multiply by (x)	How many months did you receive this income in the last year?	Total Amount
			\$	x		\$
			\$	x		\$
			\$	x		\$
			\$	x		\$

**Total Annual (Yearly) Income:** \_\_\_\_\_

**Part D: Income Verification**

Please check (✓) all documents that have been provided as Proof of Income					
<input type="checkbox"/>	Pay Stub / Verification of pay by employer	<input type="checkbox"/>	W-2 Form	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/>	Foster Care Reimbursement	<input type="checkbox"/>	Social Security Benefits	<input type="checkbox"/>	Child Support
<input type="checkbox"/>	Income Tax Form 1040A or 1040	<input type="checkbox"/>	Veteran's Benefit Letter	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF) Documentation
<input type="checkbox"/>	Unemployment Compensation	<input type="checkbox"/>	Pension Stubs	<input type="checkbox"/>	Alimony Documentation
<input type="checkbox"/>	Workman's Compensation Documentation	<input type="checkbox"/>	SSI Documentation	<input type="checkbox"/>	Retirement Documentation
Other (Specify): _____					

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: \_\_\_\_\_

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: \_\_\_\_\_

**For Office Use Only**

Please Circle One

Income Eligible: Yes / No