METRO NASHVILLE PUBLIC SCHOOLS

Pre-K Application Steps

☐ **STEP 1.** Obtain an Identification Number by completing the online Pre-K Student ID Packet at www.mnps.org under the heading ***How Do I?*** click on ***Register for School*** and then scroll down to the section ***Register Online*** to click the link for completing the form or by making an appointment to visit an MNPS Enrollment Center. **Parent or guardian will need child's birth certificate, current TN immunization and physical record, parent or guardian's photo ID and proof of address.**

Pre-K Identification Number 190-_____

☐ **STEP 2.** Using the 190 ID number you obtained in Step 1, complete the Pre-K Application on-line

Visit https://mnps.schoolmint.com/signup to submit an online application

**If technology assistance is needed, families can call the Family Information Center (615) 259-4636.*

March 31st- (3:30 P.M.) – Deadline to Apply for Pre-K for consideration in the **April 14th** Selection Day. Families can continue to apply for Pre-K beyond March 31st to be placed on the waiting list and considered when a vacancy occurs.

☐ **STEP 3.** View selection status online at https://mnps.schoolmint.com/signup

April 14th Selection Day – Acceptance or Wait List Letters will be texted or emailed to parent or guardian. Selection/Application status can also be viewed online by:

- Visiting https://mnps.schoolmint.com/signup
- Following the prompts to log into your child's application
- Clicking on *Accept Your Seat* if selected or you can view your child's wait list number

April 28th Deadline to accept the seat at https://mnps.schoolmint.com/signup site if selected in the first round of selections. Families selected after April 28th will have 3 days to accept the seat.

Additional Dates of Interest

April 30th Additional pulls will begin to fill vacancies

- Student selection offers made on or after April 30th will have up to 3 days to accept the seat online and submit required documentation following the instructions above for uploading a scanned or photocopy to the https://mnps.schoolmint.com/signup site.

August 5th – First Day of School – Half Day of school for Preschool, Pre-Kindergarten and Kindergarten students
August 6th – Half Day of school for Preschool, Pre-Kindergarten and Kindergarten students

METRO NASHVILLE PUBLIC SCHOOLS

Metropolitan Nashville Public Schools
Pre-K Student ID Application (*Step 1)*
2025-2026

190

GRADE (circle one)

P3 P4

MNPS office use only

___**Child's Birth Certificate or Verification** (Passport, Visa, I-94, etc.)
___**Parent or Guardian Photo ID** (Legal documentation of guardianship if applicable)
___**Proof of Residence** (Current bill in Parent/ Guardian's name; See Enrollment staff if you do not have this.)
___ **TN Immunization Certificate** (Showing eligibility for Pre-K)
___ **Physical** (Dated within one year of application)

Statement of Residence: Where does the applicant stay at night? (Please check ONE)
_____Home/Apartment owned or rented by the Applicant's parent/legal guardian
_____in a motel ___a campsite_____ in an automobile ____With a relative or friend (family does not have a residence)
_____Other housing (please explain) _____

Applicant Name: Last _____ First _____ Middle_____

Child's age as of August 15th _____ years old **(circle one)** Male or Female Date of Birth ____/____/_____

Ethnicity **(circle one)** Hispanic or Non-Hispanic

Race **(circle all that apply)** Black/African American White American Indian/Alaskan Native Asian Pacific Islander/Native Hawaiian

Country of Birth _____ State of Birth _____ County of Birth _____ City of birth _____

Home Primary Language _____ Mother's Maiden Name _____

Please list children in the household enrolled in a Metro Nashville Public or Charter School

1. Name _____ DOB ____/____/_____ MNPS ID number 190_____

2. Name _____ DOB ____/____/_____ MNPS ID number 190_____

Applicant / Parent or Guardian Address

Residential Address _____ Apt # _____ City _____ State ____ Zip _____

Mailing Address (only complete if mailing address is different from residential address)

Mailing Address _____ Apt # _____ City _____ State ____ Zip _____

Parents or Guardians living in the household with child - *(please list only 1 person per section)*

1.) Relationship to child: **(circle one)** Mother / Father / Legal Guardian / Step Parent

Last Name _____ First Name _____ MI ____

Date of Birth ___/ ___/ _____ **(circle one)** Male or Female Language _____

Cell Phone _____ Home Phone _____ Email Address _____

This person needs access to: **(circle all that will apply)** portal / attendance / behavior / mailings / teacher / messages

2.) Relationship to child: **(circle one)** Mother / Father / Legal Guardian / Step Parent

Last Name _____ First Name _____ MI ____

Date of Birth ___/ ___/ _____ **(circle one)** Male or Female Language _____

Cell Phone _____ Home Phone _____ Email Address _____

This person needs access to: **(circle all that will apply)** portal / attendance / behavior / mailings / teacher / messages

Parent or Guardian living at a different address other than the one listed above

Relationship to child: **(circle one)** Mother / Father / Legal Guardian

Last Name _____ First Name _____ MI ____

Date of Birth ___/ ___/ _____ **(circle one)** Male or Female Language _____

Address _____ Apt # _____ City _____ State _____ Zip _____

Cell Phone _____ Home phone _____

Email Address _____

This person needs access to: **(circle all that will apply)** portal / attendance / behavior / mailings / teacher / messages

Home Language Survey

1. What is the first language your child learned to speak? _____
2. What language does this child speak most often outside of school? _____
3. What is the language that is most often spoken to this child at home? _____

Emergency Contact **(If school personnel cannot reach the parent or guardian listed, who do they call and in what order?)**

1. Contact Name _____ (Male / Female) Phone# _____

   Relationship_____ Date of Birth ___/ ___/ _____

2. Contact Name _____ (Male / Female) Phone# _____

   Relationship_____ Date of Birth ___/ ___/ _____

Legal Notice

Are there any court orders or Legal issues involving this student? ___Y ___N

(If you answered yes regarding Legal Notice, you must provide a current Magistrate/Judge signed court order document.)

Child Health Information

Does the child have any health problems? ___ Yes ___ No

If yes to the question above, please provide details and documentation: _____

_____

Incomplete packets will not be accepted and cannot be held at the Enrollment Center.

I certify that I am the parent or guardian of the child listed and I have provided MNPS with accurate information as required by State Law, that the above address is the primary residence where my child and I live. I will notify the school of any change in residency status within 10 days of that change.

Parent's or Guardian's Signature _____ Print Name _____

Date Signed _____

***FOR MNPS ENROLLMENT CENTER USE ONLY**

____ Search Infinite Campus ____ Search EIS ____Medical Alerts 190_____

____ HERO/emailed ____ Scan Packet to IC and DQI Drive ____Legal Alert _____Medical Alert

Completed By (please print) _____

(Enrollment Specialist) First name Last name

TN Department of Education

Tennessee Parent Occupational Survey

Under Title I, Part C of the Elementary and Secondary Education Act (ESEA) our school district provides supplemental services to the children of agricultural workers who have recently moved. This survey is to help the school identify if your child might qualify for these free supplemental services such as tutoring, school supplies, summer camps in select counties, and other free services. Please answer the following questions and return this form to your child's school. **The information provided below will be kept confidential.**

Today's Date _____ **Parent/Guardian First & Last Name** _____

Student First Name _____ **Student Last Name** _____

School Name _____ **Student Grade** _____

1. Have you or an immediate family member performed any agriculture or fishing jobs temporarily or seasonally, in any part of the United States, in the past 3 years? Check all that apply.

_____ **NO**
_____ **YES. Check all that apply:**

Agriculture/Field Work: planting, picking, sorting crops, soil preparation, irrigation, fumigation ☐ 	**Processing & Packaging**: fruit, vegetables, chicken, pork, beef, eggs, etc. ☐ 	**Dairy/Cattle Raising**: feeding, milking, rounding up. ☐ 
Nursery/Greenhouse: planting, potting, pruning, watering, harvesting ☐ 	**Forestry**: soil preparation, planting, cutting trees; does not include landscaping. ☐ 	**Other**: Any other agriculture or fishing work, please list here: _____ _____

2. In the past 3 years, has your family moved to another state, city, school district, and/or county?

_____ **NO**
_____ **YES. My family has moved within the past 3 years. Indicate how long ago below.**

_____ Years _____ Months _____ Weeks

If you answered "Yes" to question 1 above, please complete the information below.
A staff from the Migrant Education Program will follow up with your family to verify if you qualify for free services.

Home Street Address _____ **Apt #** _____

City _____ **Zip Code** _____

Telephone Number _____ **Language** _____

Email Address _____ **Best Day of Week and Time to Call** _____

For School Use Only: Please forward all surveys with a "YES" responses to Questions 1 and 2 to your district migrant liaison. If the OS has not answered "Yes" to Question 2, but there are other signs that indicate the family may qualify, please submit them to your district migrant liaison. The District migrant liaison will submit to the ID&R Team through tn.mseidd.com. If you have any questions, email the TN MEP ID&R Team: idr@tn-mep.net

Student State ID:	**Enrollment Date:**	**District ID:**

1/2024

MILITARY CONNECTIONS SURVEY

School Name: _____ **Grade:** _____

Student #: _____ **Student Name:** _____ **Birthdate:** _____

Under ESSA regulations, school districts are required to identify students whose parent(s) or legal guardian(s) fall within the three military-related classifications shown below. Classifications are only collected for parent(s) and/or legal guardian(s) of students not for students enlisting in the military.

4-Active Duty Military: *Parent or guardian on National Guard duty or Active Guard Reserve (full-time Reserve duty) or Active duty in a branch of the Armed Forces.*
5-National Guard Military: *Parent or guardian who participates in the National Guard on a part-time basis.*
6-Reserve Military: *Parent or guardian who participates on a part- time basis in the Reserves of a branch of the armed forces*

Parent(s)/legal guardian(s) for students must match Guardian information contained in MNPS student records.

Name of Parent or Legal Guardian	Start Date of Current Military Service	Classification: 4- *Active Duty,* 5- *National Guard, or* 6- *Reserve*	Branch: (*Army, Navy, Air Force, Marine Corps, or Coast Guard*)

Parent/Guardian Signature: _____ Date: _____

For more information about USED commitment and services for military families: https://www.ed.gov/veterans-and-military-families