TROUSDALE COUNTY SCHOOLS
2025-2026 AFTERSCHOOL ACADEMY APPLICATION

GENERAL PROGRAM INFORMATION: *The Afterschool Academy is an academic enrichment program for students* ***for Kindergarten through Fourth Grade, and a few selected Fifth Grade students.*** **EVERYONE WHO APPLIES WILL NOT BE ACCEPTED**.
Hours for the program will be: 2:30 p.m. until 5:30 p.m. daily, based on student classroom release. Because it is funded by a grant from the state of Tennessee, there are several requirements during the year that must be met. Parents should plan on students attending a minimum of ***four days per week (Monday-Friday)*** *and remaining at least* ***1.5 hours*** *per day (at least until 4:00 p.m.). Fridays are optional. The program will only operate on the days that school is in session. On the days that schools close early for any reason, the program will not operate.*

I am applying for a slot in the Afterschool Academy for the following students. I understand that the program is based on a selection criteria and everyone may not be accepted.

	Student's Last Name	Student's First Name	Birth Date (M/D/Y)	Grade	Teacher's Last Name
1					
2					
3					
4					

Parents must complete the form on the 2nd page (or back if printed) of this application completely to determine if their family meets the federal income guidelines to be eligible scholarships to the Academy. To keep the scholarship, students must maintain satisfactory attendance and behavior reports. Families who do not qualify for a scholarship will pay $5 per day for the Afterschool Academy.

_____ I am applying for a scholarship for my child (children) to attend the Afterschool Academy.
(You must complete the scholarship section on the next page to be considered for a scholarship.)

_____ I am **not** applying for a scholarship for my children to attend the Afterschool Academy. **DO NOT COMPLETE PAGE 2**

I am applying for my child to attend the Afterschool Academy based on the following criteria. (You **must check at least one** of the items below):

The child (or children) above is (are) in need of afterschool because he/she:

☐ Qualifies for free/reduced lunch.
☐ Has a parent/guardian unable to find afterschool care.
☐ Is at risk of educational disadvantage and failure due to circumstances of abuse, neglect or disability.
☐ Is at risk of state custody due to family dysfunction (or already removed from the home).
☐ Is at risk of failing one or more subjects or behind grade level by at least one year.
☐ Was unable to meet the third grade literacy requirement & will be in high dose tutoring.
☐ Has a single parent/guardian working or attending school.

Parent/Guardian Information
Please Print Clearly

Parent/Guardian Names: _____

Address _____
Number Street Apt. # Town/City Zip

Mailing Address _____
(Only if different) Number Street Apt. # Town Zip

Parent Email Address: _____@_____

Telephone Numbers: (C) _____ (W) _____ (Other) _____

I agree to abide by all program guidelines if my child (children) is/are accepted into the Afterschool Academy.

_____ _____
Parent/Guardian Signature *Date*

FOR STAFF USE ONLY
Received Date: _____
Initials: _____

IF your student is accepted into the program, PRIOR TO attending, a Parent / Guardian must attend a MANDATORY Orientation and complete additional paperwork.

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DO NOT COMPLETE THIS SIDE UNLESS YOU ARE APPLYING FOR A SCHOLARSHIP

Parent/Guardian Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

PLEASE LIST ALL CHILDREN WHO LIVE IN YOUR HOME, EVEN IF THEY DO NOT ATTEND SCHOOL YET OR ARE AT ANOTHER SCHOOL.

Child's Legal Name (On Birth Certificate)	**Date of Birth**	**School (If attending)**	**Grade**
1)			
2)			
3)			
4)			
5)			
6)			

TOTAL # CHILDREN AND ADULTS IN HOME: _____

Please check the box below that represents your annual Gross Income (before taxes):

☐ Less than $27,861

☐ Between $27,862 and $37,814

☐ Between $37,815 and $47,767

☐ Between $47,767 and $57,720

☐ Between $57,721 and $67,673

☐ Between $67,674 and 77,626

☐ Between $77,627 and $87,579

☐ Between $87,580 and $97,532

☐ Between $97,533 and $107,486

☐ Over $107,486

Statement and Signature: *(An adult member of this household must sign this application below after reading the statement below).*

I hereby certify (promise) that all of the information on this application is true and that all of my (our) income is reported. I understand that the school/program may receive federal and state funding based on the information I have provided.

Signature: _____ Date: _____

STAFF USE ONLY
____ Approved
____ Not Approved
Date _____
Initials: _____