



Maryville City Schools Integrated Pre-K

520 S. Washington Street
Maryville, TN 37804
Phone: (865) 983-8551 Ext: 31160
prekinfo@maryville-schools.org



Maryville City Schools operates three Integrated Pre-K (IPK) classes, one class at each of the following elementary schools: John Sevier Elementary, Foothills Elementary, and Sam Houston Elementary. Each program is five days per week, 6 hours per day based on the MCS district calendar (modified schedule for August). To qualify as an income-eligible student (i.e. no cost), the child must meet the following requirements for eligibility:

Eligibility:

- (1) Student and his/her parent/guardians are residents of Maryville City.
- (2) Students must be 4 years of age, but not yet 5 by August 15th, 2026.
- (3) Student whose family qualifies by income eligibility, homeless, or foster children.

Guidelines:

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

Documents Required:

- **Integrated Pre-K application**
- **Proof of income**
 - Current pay stub or W2
- **Proof of residency**
 - Signed lease agreement or mortgage statement
 - Current utility statement

Completed applications may be emailed, mailed, or turned into any elementary school.

USPS

MCS Central Office
Attention: Kara Griffith
520 S. Washington St.
Maryville, TN 37804

To any of the three elementary school's offices:

John Sevier Elementary
2001 Sequoyah Ave.
Maryville, TN 37804

Foothills Elementary
520 Sandy Springs Rd.
Maryville, TN 37803

Sam Houston Elementary
330 Melrose St.
Maryville, TN 37803

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.



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Part A: Student and Household Information

Last Name		First Name		Middle Name	
Preferred Name		Birth Date		Phone Number	
Physical Address		Apt	City	State	Zip Code
Mailing Address (if different)		Apt	City	State	Zip Code
Where does your child currently stay at night?					
☐ Home or apartment owned ☐ Hotel / Motel ☐ Temporarily living with relative / friend ☐ Campsite ☐ Automobile ☐ Housing that is inadequate (no electricity, running water, etc.) ☐ Shelter ☐ Homeless					
Race	☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ White				
Is the student Hispanic / Latino?	☐ Yes ☐ No	Gender		☐ Male ☐ Female	
Other Information (as applicable)	☐ Individualized Education Plan (IEP) ☐ Foster Care ☐ 504 Plan ☐ Migrant				
Has your child ever attended one of the following?	☐ Head Start ☐ Mother's Day Out ☐ Early Head Start ☐ Private Daycare ☐ Family Childcare ☐ Private / Public Preschool Name of previous preschool: _____				

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Part B: Family Information

Parent / Guardian #1				
Last Name	First Name		Home Phone	
Email Address			Cell Phone	
Physical Address (if different from Student)	Apt	City	State	Zip Code
Parent / Guardian #2				
Last Name	First Name		Home Phone	
Email Address			Cell Phone	
Physical Address (if different from Student)	Apt	City	State	Zip Code
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 in the household	Relationship to Student			
1)				
2)				
Total Number of Household Members: _____				



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Part C: 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
	Families First (TANF) Case Number:
	Supplemental Nutrition Assistance Program (SNAP) Case Number:

Part D: 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.

Failure to submit income documents will result in an incomplete application.

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 Gross Monthly Payment or Wage Amount. Multiply the Payment or Gross 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: _____ OR Refusal to Provide Income: _____

Part D: Income Verification

Please check (✓) all documents that have been provided as Proof of Income

	Pay Stub		W-2 Form		SNAP Benefits Letter
	Foster Care Reimbursement		Social Security Benefits		Child Support
	Income Tax Form 1040A or 1040		Veteran's Benefit Letter		TANF Documentation
	Unemployment Compensation		Pension Stubs		Alimony Documentation
	Workman's Compensation Doc.		SSI Documentation		Retirement Documentation

Other (Specify):



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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: _____

For Office Use Only

School Zoned: _____

Income Eligible: Yes or No

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: _____