



# PreK Application

**Students must be 4 years old on or before August 15, 2026 to enroll.**

PreK Registration will be held at schools with PreK classrooms on March 6, 2026 from 1:00-3:00

**The following items will be needed to register:**

- \_\_\_ Child's Record of Birth
- \_\_\_ Child's Social Security card (if available)
- \_\_\_ Child's up to date Tennessee physical/immunization record
- \_\_\_ Parent/Guardian photo ID
- \_\_\_ Proof of legal guardianship if not the parent
- \_\_\_ Proof of Hamblen County residency  
(mortgage statement, rental agreement, utility bill, etc)
- \_\_\_ Proof of income if applying for VPK/Scholarship classes  
(current paystub, W-2/income tax return, or SNAP/TANF#, etc)

Please Note - Students enrolling after the registration date will need to turn in completed applications to the school they would like to attend.



**PreK Locations**

- Fairview**
- Hillcrest**
- Lincoln Ele**
- Manley**
- Russellville**
- Union Heights**
- West Ele**
- Witt**

**PreK Enrollment Information  
26-27 School Year**

PreK 1<sup>st</sup> Choice \_\_\_\_\_ PreK 2<sup>nd</sup> Choice \_\_\_\_\_ PreK 3<sup>rd</sup> Choice \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender  M or  F Social Security # (if available) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Race (mark all that apply)  White  Black or African American  American Indian or Pacific Islander  
 Asian  Native Hawaiian or Other Pacific Islander

Is the child Hispanic/Latino?  Yes or  No

Home Language \_\_\_\_\_ Primary Language \_\_\_\_\_ Limited English Proficient  Y or  N

Where does your child currently stay at night?  Home or apartment owned or rented by the parent/guardian  
 Automobile  Campsite  Housing that is inadequate (no electricity, running water, etc)  
 Shelter  Hotel/Motel  Temporarily living with relative/friend

Mark any that apply  Foster Care  Migrant  504 Plan  Individualized Education Plan (IEP)

Does your child have a diagnosed disability?  Yes or  No If Yes, what type \_\_\_\_\_

IEP from Local Education Association?  Yes or  No IEP attached?  Yes or  No

Has your child ever attended any of the following?  Head Start  Private Day Care  Family Childcare  
 Private/Public Preschool  Mother's Morning/Day Out

Name of Previous School(s) or Preschool(s) attended: \_\_\_\_\_  
\_\_\_\_\_

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Parent/Guardian #1 Name \_\_\_\_\_

Relationship \_\_\_\_\_ Lives with Student?  Yes or  No

Primary Language \_\_\_\_\_ Active Military/Reserves/National Guard  Yes or  No

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Address \_\_\_\_\_

Email Address \_\_\_\_\_

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Parent/Guardian #2 Name \_\_\_\_\_

Relationship \_\_\_\_\_ Lives with Student?  Yes or  No

Primary Language \_\_\_\_\_ Active Military/Reserves/National Guard  Yes or  No

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Address \_\_\_\_\_

Email Address \_\_\_\_\_

*A copy of the legal court order regarding child's custody must be on file at current school if the student does not reside with both parents. A legal custody order is required from any other guardian other than a parent.*

Date/Time Received \_\_\_\_\_

**Only applicants for VPK and Scholarship classes should complete the next 2 pages.**



<b>For Office Use Only</b>
<b>Please Circle One</b>
<b>Income Eligible: Yes / No</b>
If yes, and enrolled, student should be classified as (L) in student information system

**2026-2027**

**Application to Determine Income Eligibility for the Voluntary Pre-K Program**

Completion of this form **DOES NOT** qualify your child for the Free or Reduced Meal Program.  
 Submission of this application is not a guarantee of acceptance into the VPK program.

Name of Student: \_\_\_\_\_ Date of Application: \_\_\_\_\_

SSN of Student (optional): \_\_\_\_\_ Date of Birth of Student: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

**Part A - Family Information**  
 Please list information for all other 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 ADULTS in the Household	Relationship to Student
1.		
2.		
3.		
4.		
5.		

Total # of household members: \_\_\_\_\_

**Part B - Program Participation**

Please check (√) if Child /Family /Household member provides documentation of participation, in one or more of the following programs, currently or during past school year (\*Documentation required-See Part D).

(√)		(√)		(√)		(√)		Case #
	Early Head Start		Foster Care		Migrant		Families First (TANF)	
	Head Start		Homeless		Food Stamps / EBT			

### Part C - Total Household Income

Please list ALL INCOME of all household family members and how often income is received.

Any falsification of information concerning income, residence, 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 months you received the income and then calculate the Amount and the Total Annual Income.

Source of Income Codes							
A.	GROSS work income	D.	Pension(s)	G.	Veteran's Benefits	J.	SSI Disability
B.	Unemployment	E.	Retirement	H.	Child Support	K.	Other - please list ↓
C.	Workman's Comp	F.	Social Security	I.	Alimony		

Name of Adult	Employer (if applicable)	Source of Income Code (See list above)	Monthly Payment or Wage Amount	Multiplied by (X)	How many months did you receive this income in the last year?	Total Amount
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
<b>Total Annual (Yearly) Income</b>						<b>\$ -</b>

### Part D - INCOME VERIFICATION

Please check (✓) all documents submitted as Proof of Income or Program Participation.

<input type="checkbox"/> Pay Stub / Verification of pay by employer	<input type="checkbox"/> Retirement Documentation	<input type="checkbox"/> Foster Care Reimbursement
<input type="checkbox"/> W-2 Form	<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI Documentation
<input type="checkbox"/> Income Tax Form 1040A or 1040	<input type="checkbox"/> Veteran's Benefit Letter	<input type="checkbox"/> TANF Documentation
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Child Support	<input type="checkbox"/> AFDC / Public Assistance Payment
<input type="checkbox"/> Workman's Compensation Documentation	<input type="checkbox"/> Alimony Documentation	<input type="checkbox"/> TennCare Verification
<input type="checkbox"/> Pension Stubs	<input type="checkbox"/> 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: \_\_\_\_\_ SSN #: \_\_\_\_\_  
 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: \_\_\_\_\_