Sequatchie County Schools 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 Sequatchie County 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
    - Option 2: Utility bill (i.e., electric, internet, water, gas, or sewer)

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.**

For Office Use Only

Please Circle One

Income Eligible: Yes / No

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**

Race	o American Indian or Alaska Native o Native Hawaiian or Other Pacific Islander o White		o Asian o Black or African American
Is the student Hispanic / Latino?	o Yes o No	**Sex**	o Male o Female
Other Information (as applicable)	o Individualized Education Plan (IEP) o 504 Plan		o Foster Care o Migrant

Where does your child currently stay at night?

o Home or apartment owned or rented by the parents/guardians o Campsite	o Automobile o Shelter o Hotel/Motel	o Temporarily living with relative/friend o Housing that is inadequate (no electricity, running water, etc.)

Has your child ever attended one of the following?	o Head Start o Early Head Start o Family Childcare	o Mother's Morning Out o Private daycare o Private/Public Preschool

Previous Schools or Preschool Attended	Address	Telephone	Years Attended

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: _____

Date Reviewed by LEA employee: _____

Signature of LEA employee: _____

PARENT/GUARDIAN #1				
Last Name	**First Name**		**Email Address**	
Home Phone	**Work Phone**		**Cell Phone**	
Physical Address (if different from student)	**Apt**	**City**	**State**	**Zip Code**
Mailing Address (if different from student)	**Apt**	**City**	**State**	**Zip Code**

Relationship to Student					
Lives with student?	o Yes			o No	
Employer		**Occupation**		**Work Hours**	
Work Address		**City**		**State**	**Zip Code**

PARENT/GUARDIAN #2				
Last Name	**First Name**		**Email Address**	
Home Phone	**Work Phone**		**Cell Phone**	
Physical Address (if different from student)	**Apt**	**City**	**State**	**Zip Code**
Mailing Address (if different from student)	**Apt**	**City**	**State**	**Zip Code**

Relationship to Student				
Lives with student?	o Yes		o No	

Employer		Occupation		Work Hours	
Work Address		**City**		**State**	**Zip Code**

EMERGENCY CONTACT INFORMATION

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

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

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 Adults** 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					
	Pay Stub / Verification of pay by employer		W-2 Form		Supplemental Nutrition Assistance Program (SNAP)
	Foster Care Reimbursement		Social Security Benefits		Child Support
	Income Tax Form 1040A or 1040		Veteran's Benefit Letter		Temporary Assistance for Needy Families (TANF) Documentation
	Unemployment Compensation		Pension Stubs		Alimony Documentation
	Workman's Compensation Documentation		SSI Documentation		Retirement Documentation
Other (Specify):					