



The Alpha School

910 Alpha Drive • New Tazewell, Tennessee 37825
Phone: 423-626-3323 • Fax: 423-626-3634
On the Web: <http://www.claibornecountyschools.com/alpha/>

To: Parents or Applicant

From: Teresa Fuson, VPK Supervisor

Re: Pre-K Application Process, 2026-2027

Date: March 2, 2026

The TN Department of Education Voluntary Pre-K Program has provided a state application form to be completed for all children applying to the program in the 2026-2027 school year. Please complete the attached eligibility form/application packet and return to your school or **The Alpha School**, 910 Alpha Drive, New Tazewell, TN (located behind the health department). Documentation of source(s) of income for each individual in the household as well as an original proof of residency may be needed upon request. The application packet must be completed and returned to **The Alpha School** prior to enrollment.

First priority for acceptance into the program, are at risk children who will be 4 by August 15, 2025 that qualify as economically disadvantaged per income guidelines. Second priority for acceptance into the program, at risk children who are 3 by August 15, 2025 that qualify as economically disadvantaged per income guidelines.

Subject to availability of space & resources after exhausting all efforts to enroll at risk 4 & 3 year olds, additional students who don't meet the income eligibility requirements may be enrolled according to the following priorities:

- *Children who qualify as economically disadvantaged per income guidelines;
- *Children whose parents have died during or from injuries while serving in the armed forces.
- *Children identified with disabilities, English Learners or in state custody
- *Children who have been in Tennessee Early Intervention (TEIS)
- *Children who are un-served in a preschool program will be enrolled based on requirements set forth by CPAC & TDOE.

After school child care is provided **ONLY** at **The Alpha School**. The preschool classrooms at other locations will operate approximately between 7:30 a.m. to 1:15 p.m. or 8:00 a.m. to 1:45 p.m. depending on the lunch schedule. Summer child care is provided at The Alpha School.

Thank you for your interest in the Claiborne County Voluntary Pre-K Program. We hope we will be able to enroll all four-year-old children whose families are interested in participating in the program in 2026-2027. If you have additional questions call 423-626-3323.



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

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).

(✓)	Early Head Start	(✓)	Foster Care	(✓)	Migrant	(✓)	Families First (TANF)	Case #
	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
B.	Unemployment	E.	Retirement	H.	Child Support
C.	Workman's Comp	F.	Social Security	I.	Alimony
				J.	SSI Disability
				K.	Other - please list ↓

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		\$ -
Total Annual (Yearly) Income						\$ -

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: _____

Child's Name: _____

Dear Parent,

Attached is an application for enrollment. All applications must be complete to be considered for admission. Please indicate where your child will be attending preschool.

Families applying for a grant space will need to provide a copy of 2025 income tax return or other verification of income. Check any of the following that are applicable:

_____ Receive Food Stamps

_____ AFDC (Families First)

_____ Parent(s) less than high school education

_____ Need child care before 7:45 a.m. and/or after 1:30 p.m.

Please provide the following:

_____ Certified Birth Certificate Date Received _____ / _____ / _____

_____ Physical _____ / _____ / _____ Date Completed _____ / _____ / _____

_____ Immunizations

_____ Income

Age as of Aug 15, 2026 _____

Currently Enrolled _____ yes _____ no

Child's Application

The Alpha School

910 Alpha Drive, New Tazewell, Tennessee 37825 • Phone (423) 626-3323

Full Name of Child _____ Child's Birth Date _____

Social Security Number _____ What does child like to be called? _____

School Zone (school child would attend if riding a bus to school) _____

PARENT(S) / GUARDIAN(S) (Circle One):

Mother's Name _____ Father's Name _____

911 Address _____ 911 Address _____

City _____ St _____ Zip _____ City _____ St _____ Zip _____

Mailing Address (If different from above) _____ Mailing Address (if different from above) _____

City _____ St _____ Zip _____ City _____ St _____ Zip _____

Home Phone _____ Home Phone _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____
(For school purposes only) (For school purposes only)

EMERGENCY INFORMATION (will be first person contacted if you cannot be reached):

Name of person, other than parent(s) or guardian(s), authorized to act in an emergency _____

Home Phone _____ Work Phone _____ Cell Phone _____

TRANSPORTATION PLAN:

To insure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child. (If we cannot reach you or your emergency contact, in case of an emergency, we will contact these people in order listed.)

_____ Phone _____ Cell Phone _____

_____ Phone _____ Cell Phone _____

_____ Phone _____ Cell Phone _____

_____ Phone _____ Cell Phone _____

_____ Phone _____ Cell Phone _____

_____ Phone _____ Cell Phone _____

PHYSICIAN'S INFORMATION:

Name of Physician _____ Office Phone _____

Address _____

List any food allergies _____

List any other allergies or medical conditions _____

BACKGROUND INFORMATION:

Other Children in the Family:	Birthdate	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER:

Give below any other information you think we should know about your child: _____

I have received a summary of licensing requirements.

In case of an emergency, I hereby authorize emergency care for my child including First Aid or CPR administered by staff and/or authorize staff to call 911 if needed to administer additional treatment.

Signature of Parent/Guardian Date

Date of pre-admission visit _____

Date of admission _____

STUDENT HEALTH HISTORY

Student health information within the school is limited to the information necessary to serve the student's educational and health interests.

Student Name _____ Grade _____ Date _____

Please let us know your child's health needs by completing this form.

- My child has no health problems which would affect his/her school day.
- My child's health needs include the conditions checked (X).
- Allergies, please list _____
What happens? _____
Is EpiPen Prescribed? Yes No (If yes, parent must provide EpiPen)
 - Bee Sting Allergy, What happens? _____
Is EpiPen Prescribed? Yes No (If yes, parent must provide EpiPen)
 - Asthma Is inhaler used? Yes No If yes, how often? _____
What medications are taken for asthma? _____
 - Diabetes What medications are taken? _____
Any special procedures during the school day? _____
 - Hearing Problem, Please describe _____
 - Vision Problem Wears glasses? Yes No Wears contacts? Yes No
 - ADD or ADHD Diagnosed, What medications are taken? _____
Will medication be needed in school? Yes No, When? _____
 - Bone/Joint problem or fractures? Which bone or joint? _____
Is a brace worn? Yes No
 - Seizures What type? _____ Date of last seizure _____
Medication-taken _____
 - Episode of loss of consciousness When? _____
Any special treatment? _____
 - Emotional concerns List _____

List any other recurrent medical problem or illness you would like the school to be aware of

Name of Student's doctor _____ Phone _____

Does your child see a specialist? Yes No Name _____
Phone _____

Health History Informed Consent

My signature gives permission for school staff to take precautions and procedures to protect your child in the classroom and to foster academic success. Your signature is an informed consent to share this health history information with school staff on a need-to-know basis for emergency plans.

Parent/guardian signature _____ Date _____

Phone number _____

HOME LANGUAGE SURVEY

1. What is the **FIRST** language your child learned to speak?

2. What language does your child speak most often **OUTSIDE** of school?

3. What language do people usually speak in your child's home?

SIGNATURE (PARENT/GUARDIAN): _____

DATE: _____



Dolly Parton's Imagination Library



Dolly Parton's Imagination Library is a program being implemented across the state of Tennessee that is open to all children under the age of 5 years and residing in a county that is part of the Imagination Library program. Imagination Library provides free books to children until their 5th birthday. One book is mailed to the child's home each month -- if you have more than one child registered in the program, each child will receive one book per month. All books are selected for the Imagination Library program by a panel of educators and are geared to the specific age of the child receiving the books.

Please fill out the registration form below to enroll your child or children under the age of 5 years in Dolly Parton's Imagination Library program. Mail registration form to the address below:

Claiborne County Mayor's Office

P.O. Box 318

Tazewell, TN 37879

423-626-5236

DOLLY PARTON'S IMAGINATION LIBRARY OFFICIAL REGISTRATION FORM

Privacy Statement: This information will not be used for any purpose other than the Imagination Library

PLEASE PRINT

Preschool Child's FULL Name _____

Child's Date of Birth _____ / _____ / _____ Sex: M F Phone (Optional) _____

Parent/Guardian's Name _____

Child's Home Address _____

Mailing Address (if different) _____

This child is a resident of Claiborne County _____

(Signature of Parent/Guardian)



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





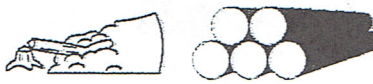
School Name

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:

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

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, 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" response to Question 1 to your district migrant liaison for them to submit to the ID&R Team through tn.msedd.com. If you have any questions, email the TN MEP ID&R Team: idr@tn-mep.net

Student State ID:

Enrollment Date:

District ID:





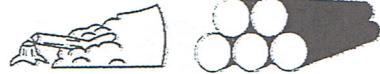


De conformidad con la Parte C del Título I de la Ley de Educación Primaria y Secundaria (ESEA, en inglés), nuestro distrito escolar brinda servicios complementarios a los hijos de los trabajadores agrícolas que se hayan mudado hace poco. Esta encuesta tiene el objetivo de ayudar a la escuela a identificar si su hijo podría reunir los requisitos para recibir dichos servicios complementarios gratuitos, como clases de apoyo, insumos escolares, campamentos de verano en determinados condados y otros servicios sin costo. Responda las siguientes preguntas y entregue este formulario en la escuela de su hijo. **Se mantendrá la confidencialidad de la información proporcionada a continuación.**

Fecha de hoy	Nombre y apellido del padre, madre o tutor
Nombre del estudiante	Apellido del estudiante
Nombre de la escuela	Grado del estudiante

1. ¿Ha realizado usted o algún familiar inmediato trabajos relacionados con la agricultura o la pesca de forma provisoria o temporal en alguna parte de los Estados Unidos en los últimos 3 años? Marque todas las opciones que correspondan.

NO **Sí. Marque todas las opciones que correspondan.**

<p>Trabajo agrícola/de campo: siembra, cosecha, clasificación de granos, preparación del suelo, irrigación, fumigación <input type="checkbox"/></p> 	<p>Procesamiento y empaquetado: frutas, verduras, carne de pollo, carne de cerdo, carne de res, huevos, etc. <input type="checkbox"/></p> 	<p>Producción lechera/ganadera: engorde, ordeño, arreo <input type="checkbox"/></p> 
<p>Vivero/invernadero: plantación, cultivo en macetas, poda, riego, cosecha <input type="checkbox"/></p> 	<p>Silvicultura: preparación del suelo, siembra, tala de árboles (no incluye paisajismo) <input type="checkbox"/></p> 	<p>Otro: si realizó otro trabajo relacionado con la agricultura o la pesca, inclúyalo a continuación:</p> <p>_____</p> <p>_____</p>

2. ¿Se ha mudado su familia a otro estado, ciudad, distrito escolar o condado en los últimos 3 años?

NO
 Sí. Mi familia se ha mudado en los últimos 3 años. A continuación, indique hace cuánto tiempo se mudaron.

años meses semanas

Si respondió "Sí" a la pregunta 1, complete la siguiente información. Un miembro del personal del Programa de Educación para Migrantes (MEP, en inglés) le hará un seguimiento a su familia para verificar si reúnen los requisitos para recibir los servicios gratuitos.

Dirección	Apto. n.º
Ciudad	Código postal
Número de teléfono	Idioma
Dirección de correo electrónico	Día de la semana y hora en que prefiere recibir llamadas

For School Use Only: Please forward all surveys with a "YES" response to Question 1 to your district migrant liaison for them to submit to the ID&R Team through tn.msedd.com. If you have any questions, email the TN MEP ID&R Team: ldr@tn-mep.net

Student State ID:	Enrollment Date:	District ID:
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Parental Consent Photo Usage

Dear Parents,

The Alpha School has web pages on the Claiborne County Schools Web Site, www.claibornecountyschools.com. We use pictures of the children on this site. Additionally, we submit pictures and articles about the children to the local newspapers, school brochures, displays, etc.

Your signature allows the use of photos of your child while in attendance at any Claiborne County Pre-K classroom to promote our programs on the web site and in print.

I understand that photos will be used appropriately and in good taste.

I understand that I can withdraw my permission at any time.

_____ I give permission for pictures of my child to be used for school displays.

_____ I give permission for pictures of my child to be used in print (newspapers, school brochures, etc.).

_____ I give permission for pictures of my child to be use on the Claiborne County Schools web site.

Date

Parent/Guardian Signature

Child's Name