RUSSELL COUNTY SCHOOLS
Preschool
404 S. Main St.
Jamestown, KY 42629
Phone 270-343-3191
Fax 270-343-3072

2026-2027 School Year

Today's Date: _____

Office Use Only IC ☐ Copied ☐
School
Teacher_____YEAR_____
County of Residence_____GR: 97 98 99

Student Information

*official name on birth certificate
Legal Name of Student_____ Name child goes by _____
(Last) (First) (Middle)
Date of Birth___/___/___ ☐ Male ☐ Female Place of Birth: _____
(City/County) (State/Country)

Race (Check **all** that apply):
White ☐ Black/African American ☐ Asian or Pacific Islander ☐ Hispanic ☐ American Indian/Alaskan Native ☐

Language most frequently spoken athome? _____

Student's Residential Address: _____
(Street) (Apt #) (City) (State) (Zip)
Student's Mailing Address (if different):_____
(Street) (Apt #) (City) (State) (Zip)

Housing Situation:
Are you and your child temporarily living: with friend/relative ☐ in night time shelter ☐ in emergency shelter ☐ in hotel/motel ☐ N/A ☐

Does your child have special needs, receive special education services, or services from another agency? Yes ☐ No ☐ If Yes, briefly describe: _____

If applicable, check any of the following services that your student **currently receives** and list the school or agency below.
(**Note:** *Do not mark if you only have concerns – that is addressed on page 3 of the application. This is **only** for current services received.*)

____Individual Education Plan **(IEP)**_____Speech Therapy ____Other (please explain:_____)

First time enrolled in a Kentucky school?_____Yes _____No

Last School Attended:_____Telephone #_____

School Address:_____Fax #_____

Parent/Guardian Info

Household Information

Parent/Guardian:
Name:_____DOB___/___/___Relationship to Student _____
Home #_____Cell #_____ Circle Preferred: Home / Cell / Work
Place of Employment_____ Work #_____
Lives in home with student? Yes ☐ No ☐ E-mail Address_____

Parent/Guardian:
Name:_____DOB___/___/___Relationship to Student _____
Home #_____Cell #_____ Circle Preferred: Home / Cell / Work
Place of Employment_____ Work #_____
Lives in home with student? Yes ☐ No ☐ E-mail Address_____

Check (if applicable) ☐ Parents separated ☐ Parents divorced ☐ Mother deceased ☐ Father deceased

Are there any custody restrictions? Yes ☐ No ☐ If yes, please explain: _____

Other Adults Living in Home

Household Information

Name:_____Relationship to Student _____
Home #_____Cell #_____ Circle Preferred: Home / Cell Email:_____

Name:_____Relationship to Student _____
Home #_____Cell #_____ Circle Preferred: Home / Cell Email:_____

(Continued on Next Page) →

Legal Name of Student:
(Last)_____(First)_____(Middle)_____

Other Children Living Within Household--List names of brothers & sisters and any others under 18 living with family.

Other Children Information

Name_____ *(Last) (First) (Middle)* Date of Birth____/____/____ □ Male □ Female Grade _____ Relationship to Student_____ Name of School_____N/A □	Name_____ *(Last) (First) (Middle)* Date of Birth____/____/____ □ Male □ Female Grade _____ Relationship to Student_____ Name of School_____N/A □
Name_____ *(Last) (First) (Middle)* Date of Birth____/____/____ □ Male □ Female Grade _____ Relationship to Student_____ Name of School_____N/A □	Name_____ *(Last) (First) (Middle)* Date of Birth____/____/____ □ Male □ Female Grade _____ Relationship to Student_____ Name of School_____N/A □
Name_____ *(Last) (First) (Middle)* Date of Birth____/____/____ □ Male □ Female Grade _____ Relationship to Student_____ Name of School_____N/A □	Name_____ *(Last) (First) (Middle)* Date of Birth____/____/____ □ Male □ Female Grade _____ Relationship to Student_____ Name of School_____N/A □

Transportation Information

Transportation

Primary Transportation to School: □ Car Rider (□ Morning □ Afternoon) □ School Bus (□ Morning □ Afternoon)

If child is to ride bus to/from address different than home, please list:

To school: Name_____
Address_____Telephone #_____

From school: Name_____
Address_____ Telephone #_____

In case of weather related early school dismissal, I prefer: □ My child will ride bus home
□ My child will ride bus to regular day care □ My child will be picked up.

Emergency Information

Emergency Information

Emergency Information:
In case of an accident or emergency of any kind, when parent/guardian cannot be contacted, please call and/or release my child to one of the following:

Name_____Relationship_____Telephone #_____
Name_____Relationship_____Telephone #_____
Name_____Relationship_____Telephone #_____
Name_____Relationship_____Telephone #_____
Name_____Relationship_____Telephone #_____
Name_____Relationship_____Telephone #_____
Name_____Relationship_____Telephone #_____

If we can't reach you by phone, please be advised that we will take your child to the doctor or hospital by bus or ambulance if deemed necessary.

(Continued on Next Page) →

Legal Name of Student:(Last)_____(First)_____(Middle)_____

Medical Information

Medical Information

Physician_____Phone #_____ Dentist_____Phone #_____

List any allergies and/or medical conditions (such as asthma, allergies, diabetes, seizures, etc.) that should be known to school personnel

_____

Has your child had a vision exam? No □ Yes □_____ Has your child had a dental exam? No □ Yes □ _____
(doctor/location) *(doctor/location)*

Does your child take any medications on a regular basis? □ Yes □ No Please list: _____

Name of Insurance Company and/or Medicaid #_____

Household Income Information

Household Income Information

Does your child or family member receive any of the following services or benefits:

SNAP (Food Stamps)?	No	Yes	Medicaid/K-Chip/Passport Ins.?	No	Yes
KTAP (Kentucky Transitional Assistance Program - **not** K-Chip)?	No	Yes	Section 8 Housing Assistance?	No	Yes
*Assistance from another relative/friend with household expenses? **Additional form may be required. Please call with questions.*	No	Yes	Child Support	No	Yes
Does any household member receive SSI? If yes, list person: _____	No	Yes	Spousal Support	No	Yes

Child Development

Child Development

Please mark the areas in which you have concerns.	Yes	No	Maybe
I am concerned about the general development of my child.			
I have health concerns about my child.			
I am concerned about my child's gross motor skills. *(running, jumping, etc.)*			
I am concerned about my child's fine motor skills. (*holding pencil/crayon, picking up small items,etc.).*			
I am concerned about your child's thinking/problem-solving skills.			
I am concerned that my child has difficulty understanding directions or ideas.			
I am concerned about my child's language skills. *(limited vocabulary, doesn't talk much, etc.)*			
I am concerned about the way my child pronounces words.			
I am concerned that my child has difficulty with self-care tasks such as dressing or feeding self.			
I am concerned about my child's social skills.			
I am concerned about my child's emotional well-being.			
I have behavior concerns about my child.			

Please describe any specific concerns you have about your child:

_____

_____

PR

How did you hear about the Russell County Preschool Program? □ Word of mouth □ Sibling/cousin in program □ School □ Newspaper □ Social Media □ Radio □ Other:_____

Documents needed:

√ Copy of birth certificate_____ √ Physical_____ √ Immunization_____ √ Eye Exam_____ √ Dental Exam_____
√ Custody papers_____ √ Proof of Income_____ √ Social Security Card_____

Who other than legal parent or guardian has permission to pick up your child from school? **(Please be advised that we cannot prevent a legal parent or guardian from picking up his/her child unless there is a valid court order on file at school.** _____

Who does NOT have permission to pick up your child? _____

**If this child has an EPO (Emergency Protective Order) or restraining order, you must provide an up-to-date copy to the school each school year.

PARENT/GUARDIAN SIGNATURE_____DATE_____

RUSSELL COUNTY SCHOOLS

Dear Parent/Guardian:

Thank you for beginning the process of determining if your child is eligible to attend the state-funded preschool program. The state-funded preschool program is an intervention program provided to families who meet income eligibility guidelines and/or whose child is identified with a developmental delay or disability. Each family wishing for their child to attend the state-funded preschool program must complete a household and income form.

1. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.

2. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make $1000 each month, but you missed some work last month and only made $900, put down that you made $1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.

3. WE ARE IN THE MILITARY. DO WE INCLUDE OUR HOUSING ALLOWANCE AS INCOME? If you get an off-base housing allowance, it must be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income.

4. MY SPOUSE IS DEPLOYED TO A COMBAT ZONE. IS HIS/HER COMBAT PAY COUNTED AS INCOME? No, if the combat pay is received in addition to his/her basic pay because of his/her deployment and it wasn't received before s/he was deployed, combat pay is not counted as income. Contact your school for more information.

5. WHAT DOCUMENTS CAN I PROVIDE TO VERIFY MY INCOME? Individual Income Tax Form 1040, W-2 forms, pay stubs dated within the last month, written statements from employers, or documentation showing current status of recipients of public assistance.

If you have other questions or need help, call (270) 343-3191.

Sincerely,

Bridgette Smith

INSTRUCTIONS FOR APPLYING

Part 1: All Household Members (**a household member is any child or adult living with you**): All applicants should complete this part. List the name of each household member, the name of the school each child attends, and the child's grade. If the child is a foster child, check the box for foster child. If a household member has no income, check the box for no income. All household members, including foster children, should be included here. If you need additional space, attach a separate piece of paper.

If your child is **HOMELESS, A MIGRANT OR A RUNAWAY**, follow these instructions.

Part 2: Check the appropriate category.
Part 3: Skip this part.
Part 4: Sign the form.

IF YOU HAVE **FOSTER CHILD(REN) ONLY,** FOLLOW THESE INSTRUCTIONS. YOU DO **NOT** NEED TO FILL OUT A SEPARATE FORM FOR EACH FOSTER CHILD IN YOUR HOUSEHOLD. (IF THERE ARE BOTH FOSTER CHILDREN AND NON-FOSTER CHILDREN IN YOUR HOUSEHOLD, FOLLOW THE INSTRUCTIONS BELOW FOR ALL OTHER HOUSEHOLDS).

If all children in the household are marked as foster children in Part 1:
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form.

ALL OTHER HOUSEHOLDS, including WIC households, households with non-foster children and households with both foster children and non-foster children, follow these instructions:

Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from this month or last month.

- **Section 1–Name:** List all household members who have income.
- **Section 2 –Gross Income and How Often It Was Received:** List the income for each household member. Check the box to tell us how often the person receives the income—weekly, every other week, twice a month, or monthly.
    - **Earnings from work**: List the **gross income,** not the take-home pay. Gross income is the amount earned *before* taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Net income should *only* be reported for self-owned business, farm, or rental income.
    - **Welfare, Child Support, Alimony**: List the amount each person receives, and check the box to tell us how often.
    - **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits**. List the amount each person receives and check the box to tell us how often they receive it.
    - **All Other Income**: List Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received weekly, every other week, twice a month, or monthly. Do not include income from KTAP, SNAP, WIC, federal education benefits and foster payments received by your family from the placing agency.
    - If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

Part 4: An adult household member must sign the form. Please include your address and phone number in the event the Preschool Coordinator has a question about your information.

HOUSEHOLD AND INCOME FORM

The State-Funded Preschool Program is available to children who are 4 years old on or before August 1 and whose family income is 160% poverty or less; and, the program is available to children who are 3 or 4 years old with an identified disability. To determine income eligibility, please complete, sign and return this application to **Russell County Schools.**

PART 1. ALL HOUSEHOLD MEMBERS

Names of all people living in your household (First, Middle Initial, Last)	School the child attends, or indicate "NA" if household member is not in school	Grade Level	*Check if a foster child (legal responsibility of welfare agency or court) If all children listed below are foster children, **skip to Part 4** to sign this form.*	*Check if NO income*
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑
			❑	❑

PART 2. HOMELESS, MIGRANT, RUNAWAY STATUS

IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX.

HOMELESS ❑ MIGRANT ❑ RUNAWAY ❑

PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

1. NAME (List only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED															
	Earnings from work before deductions.	Weekly	Every 2	Twice	Monthly	Welfare, child support, alimony	Weekly	Every 2	Twice	Monthly	Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2	Twice	Monthly	All Other Income (indicate frequency, such as "weekly" "every 2 weeks", "monthly")
(Example) Jane Smith	$200	☒	☐	☐	☐	$150	☐	☒	☐	☐	$0	☐	☐	☐	☐	$50 / monthly
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$ /

PART 4. SIGNATURE (ADULT HOUSEHOLD MEMBER MUST SIGN)

An adult household member must sign the form.

I certify (promise) that all information on this form is true and that all income is reported. I understand that the school will get state and federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose benefits.

Sign here: _____ Print name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone Number: _____

Privacy Notice

The Kentucky Department of Education is requiring schools to collect the information on this form. You do not have to give this information, but if you do not, we cannot determine your child's eligibility for additional benefits under state and federal programs. We will hold the information you provide us as private and confidential to the extent required by law. However, we will share your socioeconomic status with various state and federal programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them review violations of program rules.

Non-Discrimination Statement: In accordance with Federal Law and U.S. Department of Education policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write U.S. Department of Education, Office for Civil Rights, The Wanamaker Building, 100 Penn Square East, Suite 515, Philadelphia, PA 19107-3323 or call (215) 656-8541 (Voice). Individuals who are hearing impaired or have speech disabilities may contact U.S. DOE through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). The U.S. Department of Education is an equal opportunity provider and employer.

CHECKLIST

- Have you included all your children as household members?
- For each household member receiving income, is the frequency checkbox checked?
- Have you signed the application?

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

Annual Income Conversion: Weekly x 52; Every 2 Weeks x 26; Twice A Month x 24; Monthly x 12

Total Income: _____ Per: ❑ Week ❑ Every 2 Weeks ❑ Twice A Month ❑ Month ❑ Year Household size: _____

Eligibility: 160% poverty___ Special Education___ Head Start ___ Over Income ___

Reason (160% poverty; Special Education; Head Start (if applicable); Over Income): _____

Preschool Coordinator: _____ Date: _____

Secondary Signature: _____ Date: _____