

## DIRECTIONS FOR COMPLETING PRE-K APPLICATION

Complete **all forms attached**. We are unable to process incomplete applications.

**Your child should be 4 yrs old by AUGUST 15, 2022** in order to apply.

If classes are not full by the first day of school, eligible older 3 year olds may be accepted.

### **Provide the following to complete your application:**

1. A copy of your child's birth certificate;
2. If your child or family participates in one of the programs listed under Part B, provide verification of that participation (such as copy of EBT card or Food Stamp Case No.). **Sign and date the back of the application.**
3. If your family **DOES NOT** participate in any of the programs listed under Part B, you must complete the income information on the back of the application. **Provide one form of verification for each person in the household that works (such as a recent pay stub, (2021) W-2 forms), or first page of tax return for 2021 showing gross annual income for family.**
4. **\*\*CALL 526-9777 to make an appointment to review your child's eligibility for our PreK.\*\***

Indicate your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices for school preference.

_____	Algood Elementary*	_____	Jere Whitson Elem
_____	Baxter Primary*	_____	Northeast Elem*
_____	Burks Elem (Monterey)	_____	Park View Elem*
_____	Cane Creek Elem*	_____	Prescott South Elem*
_____	Capshaw Elem*	_____	Sycamore Elem*
_____	Cookeville HS		

**\*These sites have before/after school care available. For more information and pricing, call the SAC office at 528-1847, ext. 1212. PLEASE NOTE: Sites are subject to change depending upon space availability in each building.**



For Office Use Only
<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

**2022-2023**

**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: \_\_\_\_\_ 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			

**\*If submitting proof of qualifying for any of the above programs, you do NOT need to complete Part C.**



**PUTNAM COUNTY**  
**School System**  
**ENGAGE INSP<sup>IRE</sup> ACHIEVE**

**Pre-Kindergarten Program**

**Student At-Risk Factors  
 Questionnaire**

Putnam County Schools Pre-Kindergarten program targets at-risk 4-year olds, with first priority given to children whose family meets federal poverty guidelines. Students must turn 4 by August 15<sup>th</sup>. If space is available, eligible older 3 yr old children may be considered.

Once all children whose family income meets eligibility guidelines are identified and enrolled, other risk factors may be considered for enrollment. Previous state statute identifies other at-risk factors such as ELL (English Language Learner), special needs, abuse, neglect, and state custody. Children who have a parent(s) deployed to active duty are also considered eligible for enrollment.

Other at-risk factors considered may include: low scores on a screening instrument, being raised by a family member other than a parent, family displaced by a natural disaster, severe unexpected financial crisis, or homelessness.

This information will be kept in strict confidence. We hope to identify all at-risk children and provide an opportunity to develop school readiness, foster the love and joy of learning, and promote success throughout the child's life.

<b>Student Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	
<b>City/State/Zip</b>	
<b>Phone No.</b>	
<b>Primary Language Spoken</b>	

**Where is the student living now? (choose 1)**

- In a house or apartment
- In a shelter
- In a hotel or motel
- In a campground or campsite
- With more than 1 family in house or apartment
- With friends or family (other than parent)
- None of the above

**With whom does the student live? (choose 1)**

- 1 parent
- 2 parents
- 1 parent and another adult
- A relative, friend, or other adult
- A grandparent or great grandparent
- An adult who is not parent/guardian
- None of the above

(Complete back of form)

# Putnam County Schools

## Home Language Survey

The state of Tennessee requires every district to collect a *Home Language Survey* for every new student. This information is used to identify the students whose families speak a language other than English at home. This form will be used to identify the students who are required to be assessed for English language proficiency using the WIDA-ACCESS Placement Test to determine services in accordance with Tennessee state legislature Rule 0520-1-3-.056 a 1 and 2 ii. Answers on this form do not automatically admit students into an English-learning program.

### Student Information

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: Male Female

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

### School Information:

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Enrollment Date: \_\_\_/\_\_\_/20\_\_\_ Graduation Class: \_\_\_20\_\_\_ Records received from sending district? Yes No

### Questions for Parents/Guardians:

1. What is the first language this child learned to speak?

English Español Other \_\_\_\_\_

2. What language does this child speak most often outside of school?

English Español Other \_\_\_\_\_

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

English Español Other \_\_\_\_\_

4. Was this child born in the United States?  Yes  No

If yes, in which state? \_\_\_\_\_ If no, in what other country? \_\_\_\_\_

5. Has this child attended any school in the United States for any three years during their lifetime?  Yes  No

If yes, please provide school name(s), state, and dates attended:

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name of School \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Translator/Transcriber \_\_\_\_\_ Date \_\_\_\_\_

### For ESL Use Only:

Date reviewed by ESL Teacher: \_\_\_\_\_

Yes  No Does this student require ESL screening? Date Tested: \_\_\_/\_\_\_/20\_\_\_

Yes  No Has this student received screening results? Date guardian notified: \_\_\_/\_\_\_/20\_\_\_

Yes  No Has this student been classified as English Language Learner?

Student ID # \_\_\_\_\_ Date Distributed: \_\_\_/\_\_\_/20\_\_\_ Date Received: \_\_\_/\_\_\_/20\_\_\_

Processed by: \_\_\_\_\_

## Tennessee Parent Occupational Survey



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><b>Agriculture/Field Work:</b> planting, picking, sorting crops, soil preparation, irrigation, fumigation</p>  <input type="checkbox"/>	<p><b>Processing &amp; Packaging:</b> fruit, vegetables, chicken, pork, beef, eggs, etc.</p>  <input type="checkbox"/>	<p><b>Dairy/Cattle Raising:</b> feeding, milking, rounding up.</p>  <input type="checkbox"/>
<p><b>Nursery/Greenhouse:</b> planting, potting, pruning, watering, harvesting</p>  <input type="checkbox"/>	<p><b>Forestry:</b> soil preparation, planting, cutting trees; does not include landscaping.</p>  <input type="checkbox"/>	<p><b>Other:</b> 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](mailto:tn.msedd.com). If you have any questions, email the TN MEP ID&R Team: [ldr@tn-mep.net](mailto:ldr@tn-mep.net)

Student State ID:	Enrollment Date:	District ID:
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