

Murfreesboro City Schools Ruth Bowdoin Preschool Program



Thank you for your interest in the Murfreesboro City Schools Preschool Program. We are excited about the coming year. Our preschool classrooms will be located in several schools for the 2015-2016 school year. The school locations for the classrooms are tentative and will depend on space available. We will continue to offer classrooms at our off site locations at Mercury Court, Oakland Court and Franklin Heights. Children who reside within the Murfreesboro city limits and meet the eligibility requirements, regardless of your child's zoned school, may be placed in a classroom based on location, zones, and proximity as long as space is available.

Eligibility and tentative placements will be determined following the completion of the application process. You will receive a letter in June letting you know about your child's acceptance. (The location of your child's classroom will not be finalized until school begins in Aug.) That letter will also include information telling you where to report on the first day of school to finalize your child's spot in the classroom. If you have specific concerns or questions, you will have the opportunity to speak with someone on May 8 when you return with your child for the screening process.

INSTRUCTIONS FOR APPLYING FOR PREK

Please be sure to read all instructions carefully and bring all appropriate documentation when you return your application.

Your child must be 4 years old on or before August 15, 2015. You must live within the city limits of Murfreesboro and be zoned for a Murfreesboro City School.

Applications will be accepted on THURSDAYS only April 9 through April 30, 2015 at the Murfreesboro City Schools Central office, 2552 S. Church St, between 8:30 am and 3:30 pm.

Completing the application: *If you are downloading to print from the website there will 6 pages*

- 1) The Application should be filled out front and back. All information must be complete for the application to be considered. Don't forget to sign and date at the bottom of page 2.
- 2) The Income Eligibility Form must be completed for your application to be considered. Be sure you list **ALL** individuals that live in your household in Part A.

Part B should be completed if you or your child participates in any of these programs. You must have official documentation and case numbers to verify your participation in these programs. Be sure to bring that documentation with you when you return your application. This information MUST be officially verified. Be sure to sign on the back page of this form.

Part C is to be completed ONLY if you did not check any box in Part B. Read the instructions for Part C carefully. Income for all family and household members must be listed. Income verification documentation as listed in the box MUST be brought when you return your application.

***** Be sure to check the boxes for the documentation you are providing for Part B or C**

When you return your Application you must bring the following :

We will be keeping all the documentation. Please bring COPIES, not originals of bills, birth certificate, social security card, and income documentation.

- Completed *Application and Income Eligibility* forms
- Proof of your address. The only documentation that will be accepted is copy of an **electric, water, or gas bill with the parent's name and the service address on it. These bills may be no more than 60 days old. If you do not pay these bills, you must have a copy of your official lease in the parent/guardian's name.**
- Copy of Official Birth Certificate (not a mother's copy). If your child was born in Tennessee, a birth certificate may be obtained at the Rutherford County Health Department.
- Copy of your child's Social Security card
- * Copy of appropriate documentation to verify the information you provided on the *Income Eligibility* form from either Part B or Part C. This documentation should include either your DHS letter confirming your child's enrollment in a public assistance program like food stamps or Families First. If you do not receive public assistance, we require verification of income. You may bring your 2014 W2 or 1040 or 1040A tax return.

** All applicants will be considered for additional services or slots provided or funded by partnering agencies, therefore, we ask that you submit a W-2 or 2014 tax return in addition to state required documents (or other supporting documents). Submitting these will expedite the processing of applications.*

**You will be required to bring your child back for testing on May 8th.
Please be prepared to choose a time when you drop off the application.
Your child must be tested for the application process to be complete.**

Why we require documentation to support your application:

*Only children who are 4yrs. old, but not yet 5, by Aug. 15, 2015 are eligible. A birth certificate is the only documentation recognized by the state.

*Only children who live within the city limits of Murfreesboro are eligible for the program. A utility bill, electric/gas/water, issued within the last 60 days are the only documents accepted. If you do not pay utilities, we require a copy of a current lease.

*In addition we require information on your family income. Please see the information below excerpted from the website of the TN Dept. of Education:

Enrollment in the Voluntary Pre-K program is based upon a child's eligibility as identified in TCA 49-6-101–104. Available space in each school system is limited and is based on the funding awarded each year through a grant process.

Enrollment Priority Requirements

Pursuant to state law 49-6-101: priority is given to students identified as economically disadvantaged/ low income. This identification is based on income levels set each year by the Department of Health and Human Services and used during the application process to determine income eligibility for enrollment.

OFFICE USE ONLY

DOB CK _____

Address CK _____

Zone _____

Murfreesboro City Schools Preschool Program

(A Partner with Mid-Cumberland Head Start)

APPLICATION MUST BE COMPLETE AND ACCURATE TO BE CONSIDERED

Child's Name as it appears on the birth certificate:

First_____
Middle_____
Last

Date of Birth _____ Sex _____ Race _____ Phone # _____

Social Security # _____ Language Spoken at Home _____

List any special needs _____

Does your child live with (circle all that apply): *Mother Father Grandparents Guardian*Is your child able to handle toileting habits independently: (circle one) *Yes No*Mother/Guardian Information

Name _____ Phone () - _____ - _____

Address _____ Zip Code _____

Place of Work _____ Work phone _____

Father/ Guardian Information

Name _____ Phone () - _____ - _____

Address _____ Zip Code _____

Place of Work _____ Work phone _____

Parent Email address _____

Extended School Program (ESP): Will your child need extended childcare?

_____ My child will not need ESP **OR**My child will need care: _____ Morning only _____ Afternoon only _____ Morning **and** Afternoon

Siblings currently attending Murfreesboro City Schools:

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

*Are any siblings currently on an approved zone waiver for the above listed schools. **YES or NO***

Additional Contact Information:

Name_____ Phone_____ Relationship_____

Name_____ Phone_____ Relationship_____

Name_____ Phone_____ Relationship_____

Health Information- Please complete carefully and check ALL that apply:

_____Allergies? List: _____

What happens? _____ Is Epi-pen prescribed? Circle: *Y or N*

_____Asthma? Is Inhaler used? Circle: *Y or N* If yes, how often? _____

What medications are taken for Asthma? _____

_____Diabetes? Circle: *Type I or Type II* What medications are taken? _____

_____Special procedures? Describe _____

_____ADD or ADHD? What medications are prescribed? _____

Will medication be taken at school? *Y or N* When? _____

_____Seizures? What type? _____ Date of last seizure _____

Is Diastat prescribed? *Y or N* What other medications are prescribed? _____

_____Episode of loss of consciousness? When? _____

List any other medical problems or concerns which you would like the school to know about:

Student's Doctor_____ Phone_____

Student's Specialist_____ Phone _____

Student's Dentist_____

Please contact the school for Medication or Procedure Forms if your child requires medication or procedures during the school day.

I understand that I am required to provide transportation to and from preschool for my child every day. I have read the instructions for the application process and understand that I must provide all necessary documentation for my child's application to be considered. I agree to comply with all regulations and policies of the Murfreesboro City Preschool Program. I understand that I may be contacted by Mid-Cumberland Head Start for selection into a partnership slot. I give my permission for Murfreesboro City Schools to verify any information on the application, including income. I understand that acceptance into this school is contingent upon my city residency. If I move outside the city limits during the school year, my child will no longer be allowed to attend the preschool. I understand that unacceptable attendance may be grounds for removal from the program.

Parent/Legal Guardian's Name (print)

Parent/Legal Guardian's Signature

date



For Office Use Only

Please Circle One

Income Eligible: Yes / No

2015-16

Application to Determine Income Eligibility for the Voluntary Pre-K 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.

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

Part D - INCOME VERIFICATION

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

Pay Stub / Verification of pay by employer	Retirement Documentation	Foster Care Reimbursement
W-2 Form	Social Security	SSI Documentation
Income Tax Form 1040A or 1040	Veteran's Benefit Letter	TANF Documentation
Unemployment Compensation	Child Support	AFDC / Public Assistance Payment
Workman's Compensation Documentation	Alimony Documentation	TennCare Verification
Pension Stubs	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.
forms must be maintained in accordance with FERPA.

Completed

Printed Name / Title of LEA employee: _____

Signature of LEA employee: _____

Date Reviewed by LEA employee: _____