

Thank you for your interest in Murfreesboro City Schools! Listed below is important information regarding the PreK program:

- MCS PreK is a grant program, primarily funded by the VPK state initiative or federal funds designed to serve low-income or at-risk families and children. Also, we have a partnership with Mid-Cumberland Head Start. Therefore, **we require information on your family income.**
- Children **must be 4 years** old by August 15, 2023.
- Children **must live** within the Murfreesboro city limits.
- Transportation is **not provided** for Pre-K students.
- Our preschool classrooms will be located in several schools for the 2023-2024 school year, however location of classrooms is tentative and will depend on space available. Locations of classrooms and hours of the program will not be finalized until school begins in August.
- Eligibility and tentative placements will be determined following the completion of the application process. You will receive a **letter on or before July 1<sup>st</sup>** letting you know about your child's acceptance.
- If you have specific concerns or questions, you may email [preschool@cityschools.net](mailto:preschool@cityschools.net).

**Applications will be accepted on Wednesdays beginning April 19<sup>th</sup> through May 24<sup>th</sup> at the Murfreesboro City Schools Central Office - 2552 S. Church Street – between 8 a.m. and 4 p.m. May 10<sup>th</sup> and May 24<sup>th</sup> will be between 8 a.m. and 5:30 p.m. Language translators will be available.**

**Please bring the following to apply for Pre-K:**

- Completed **Application**.
- **Proof of income** - 1 month of current pay stubs (4 if paid weekly, 2 if bi-weekly), 2022 W2, 2022 tax return, or public assistance verification like SNAP may also be submitted.
- **Proof of your address**. The only documentation that will be accepted is copy of an electric, water, gas bill or lease with the parent's name and the service address on it. These bills may be no more than 45 days old. An affidavit will need to be completed if the utility bill is not in the parent's name.
- Copy of **Official Birth Certificate**.

A TN Certificate of Immunization and proof of a physical will be required if your child's application is approved. If you already have your child's immunization record, please submit a copy with your application. If you do not have a current form, you may want to make any necessary appointments.

## Murfreesboro City Schools Voluntary Pre-K Program

Child's Name: \_\_\_\_\_

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

\_\_\_\_\_ Allergies? Is Epi-pen prescribed? Circle: *Yes or No*

\_\_\_\_\_ Asthma? Is Inhaler used? Circle: *Yes or No*

If yes, how often? \_\_\_\_\_

\_\_\_\_\_ Diabetes? Circle: *Type I or Type II* What medications are taken?

\_\_\_\_\_ ADD or ADHD? What medications are prescribed?

\_\_\_\_\_ Seizures? Is Diastat prescribed? *Yes or No* Other medications?

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

Is your child independent with toileting needs: *Y or N*

Do siblings attend Murfreesboro City Schools? *Yes or No*

School Name \_\_\_\_\_

*Are siblings currently on an approved zone waiver for the above listed schools.*

**YES or NO**

Would you need the Extended School Program (ESP)?

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_



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

2023-2024

**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: \_\_\_\_\_ Date of Birth of Student: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_ Work Phone #: ( ) \_\_\_\_\_ Cell Phone #: ( ) \_\_\_\_\_

Parent E-Mail: Address: \_\_\_\_\_

**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		\$ -
<b>Total Annual (Yearly) Income</b>						\$ -

**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.  
Completed forms must be maintained in accordance with FERPA.

Printed Name / Title of LEA employee: \_\_\_\_\_

Signature of LEA employee: \_\_\_\_\_

Date Reviewed by LEA employee: \_\_\_\_\_