

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 designed to serve low-income or at-risk families and children. Therefore, **we require information on your family income.**
- Children **must be 4 years old** by August 15, 2024.
- Children **must live** within the Murfreesboro city limits.
- Transportation is **not provided** for Pre-K students.
- Locations of classrooms and hours of the program will be finalized when school begins in August.
- You will receive a **letter on or before July 1st** letting you know about your child's acceptance.
- If you have specific concerns or questions, you may email preschool@cityschools.net.

Applications will be accepted at the Murfreesboro City Schools Central Office - 2552 S. Church Street during the following dates/times:

<i>April 17th</i>	<i>8:00 – 3:00</i>
<i>April 24th</i>	<i>8:00 – 4:00</i>
<i>May 1st</i>	<i>8:00 – 4:00</i>
<i>May 8th</i>	<i>1:00 – 5:00</i>
<i>May 15th</i>	<i>8:00 – 3:00</i>
<i>May 22nd</i>	<i>8:00 – 4:00</i>

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), 2023 W2, 2023 tax return, or public assistance verification like SNAP may also be submitted.
- ***Current proof of your address*** - A copy of an electric, water, gas bill (less than 45 days old) or lease with the parent's name and the service address on it. An affidavit will need to be completed if the utility bill or lease 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 the necessary appointments.

Murfreesboro City Schools



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

2024-2025

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 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			

Murfreesboro City Schools

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.			
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: _____

**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 _____