

Murfreesboro City Schools

Preschool Application

The following documents are required unless the enrolling student is in state custody or is experiencing homelessness:

- Preschool application with proof of income
 - 1 month of current pay stubs (4 if paid weekly, 2 if bi-weekly), 2024 W2, 2024 Tax return, or SNAP benefits
- Birth certificate
- Current immunization record
- Current physical examination
- One proof of residency dated within the past 45 days stating the name of the parent/legal guardian and the address of residence. **A notarized Residency Affidavit will need to be completed if the utility bill or lease is not in the parent's name.** Acceptable forms of proof of residency include:
 - Option 1: Copy of signed lease agreement
 - Option 2: Utility bill (i.e., electric, water, gas, or sewer)
 - Option 3: Mortgage Statement

Please note:

- **Completing this application does not qualify your child for the Free or Reduced Meal Program.**
- **Submission of this application does not guarantee acceptance into the Voluntary Pre-K (VPK) Program.**
- **Refusal to provide income does not prevent provision of special education services.**
- **Income is not required if only applying for the Integrated Preschool Peer Model Program.**
- **Children must be 4 years old by August 15th, 2025 to be eligible for Voluntary Pre-K or Integrated Preschool Peer Model Program.**

STUDENT INFORMATION

Last Name		First Name		Middle Name	
Birth Date		Sex		Other Information (as applicable)	
		<input type="radio"/> Male <input type="radio"/> Female		<input type="radio"/> Individualized Education Plan (IEP) <input type="radio"/> 504 Plan <input type="radio"/> Health / Medical Needs	
Physical Address		Apt	City	State	Zip Code
Race / Ethnicity	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White		<input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Hispanic / Latino		

Has your child ever attended one of the following?	<input type="radio"/> Head Start <input type="radio"/> Early Head Start <input type="radio"/> Family Childcare	<input type="radio"/> Mother's Morning Out <input type="radio"/> Private daycare <input type="radio"/> Private/Public Preschool	
Previous Schools or Preschool Attended	Address	Telephone	Years Attended

PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN #1					
Last Name		First Name		Email Address	
Home Phone		Work Phone		Cell Phone	
Physical Address (if different from student)		Apt	City	State	Zip Code
Relationship to Student					
Lives with student?	<input type="radio"/> Yes <input type="radio"/> No				

PARENT / GUARDIAN #2				
Last Name	First Name		Email Address	
Home Phone	Work Phone	Cell Phone		
Physical Address (if different from student)	Apt	City	State	Zip Code
Relationship to Student				
Lives with student?	<input type="radio"/> Yes <input type="radio"/> No			

Part A: Family Information

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 Adults in the Household		Relationship to Student		
1.				
2.				
3.				
4.				

Total Number of Household Members: _____

Part B: Program Participation

Please check (✓) if a child, family, or household member participates in one or more of the following programs, currently or during the past school year. Documentation is required (See Part D.)

✓	Program	✓	Program	✓	Program	✓	Program
	Early Head Start		Foster Care		Migrant		Supplemental Nutrition Assistance Program (SNAP)
	Head Start		Homeless		Families First (TANF)		SNAP/TANF Case Number:

Part C: Total Household Income

Please list **ALL INCOME** of household family members and how often income is received. Any falsification of information concerning income, residency, birth certificate, and/or completion of this application and other forms may be reason for dismissal.

Name of Adult	Employer (if applicable)	Monthly Payment or Wage Amount	How many months did you receive this income in the last year?	Total Amount
		\$		\$
		\$		\$

Please check (✓) all documents that have been provided as Proof of Income

	Pay Stub / Verification of pay by employer		W-2 Form		SNAP Documentation
	Foster Care Reimbursement		Social Security Benefits		Child Support
	Income Tax Form 1040A or 1040		Veteran's Benefit Letter		Retirement Income
	Unemployment Compensation		Pension Stubs		Alimony Documentation
	Workman's Compensation		SSI Documentation		TANF Benefits

Other (Specify):

Part D: Income Verification

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: _____

Signature of Applicant: _____ Date: _____