

Murfreesboro City Schools

Voluntary Pre-Kindergarten & Integrated Preschool Application

The Murfreesboro City Schools is proud to offer Integrated Preschool (IPK) with Peer Models, and Voluntary Pre-Kindergarten (VPK).

Applications will be accepted February 3 – March 13 at Cason Lane Preschool located at 930 Cason Lane between the hours of 8:30 AM to 3:00 PM during days school is in session and Murfreesboro City Schools District Office located at 2552 South Church Street between the hours of 8:00-4:00.

Integrated Preschool: These inclusive classrooms consist of students with disabilities and typically developing peer models. Peer Models must be 4 years old by August 15 of the current year and do not have to be within the city limits. Tuition is \$300 monthly for peer models.

Voluntary Pre-Kindergarten: is a state-funded initiative designed to prepare at-risk children for school. To be eligible, children must be four (4) years old by August 15. The term “at-risk” refers to those who are economically disadvantaged, as defined by the state. Children must live within Murfreesboro city limits. Transportation is not provided for VPK students.

For more information, visit <https://cityschools.net/departments/preschool>.

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

- This application with proof of income. 1 month of current pay stubs (4 if paid weekly, 2 if bi-weekly), 2025 Year W2, 2025 Tax return, **or** SNAP benefits
- Proof of Age (This may include a birth certificate, baptismal records, entry in family bible, hospital records, religious certificate showing date of birth, an adoption record, a previously verified school record, or a passport.)
- 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.**
- **Children must be 4 years old by August 15th of the current year to be eligible for Voluntary Pre-K or Integrated Preschool Peer Model Program.**

Questions

For IPK Questions email Integrated.preschool@cityschools.net or call 615-904.1015.

For VPK Questions email preschool@cityschools.net or call 615-898-7148.

STUDENT INFORMATION

I am submitting this application for <input type="checkbox"/> Integrated Preschool Peer Model <input type="checkbox"/> Voluntary Pre-Kindergarten				
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
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		
Primary language spoken at home:				

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
Relationship to Student				
Lives with student?		<input type="radio"/> Yes <input type="radio"/> No		
Is this child or grandchild of		Staff member's name:		Position:

an MCS employee?	Relationship to child:	Work Location:
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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			

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.			

Part A: Family Information

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

✓	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:

programs, currently or during the past school year. Documentation is required (See Part D.)

Part C: Total Household Income (ONLY TO BE COMPLETED FOR VPK, NOT IPK Peer Model)

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 (for VPK only), 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: _____

