

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 partnership with Mid-Cumberland Head Start. Therefore, **we require information on your family income and may require a screening for your child.**
- Children **must be 4 years** old by August 15, 2022.
- 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 2022-2023 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 15th** 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 on Wednesdays beginning April 6th at the Murfreesboro City Schools Central Office - 2552 S. Church Street. 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), 2021 W2, or 2021 tax return. Public assistance verification like SNAP may also be submitted. **To expedite the processing of your application and ensure determination of eligibility for all Preschool Programs including partnership slots with Mid-Cumberland Head Start please submit a 2021 W-2, 2021 tax return, or current pay stubs**
- **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 60 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



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

2022-2023

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 Email 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.

**Murfreesboro City Schools
Voluntary Pre-K Program**

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.

<input type="checkbox"/>	Pay Stub / Verification of pay by employer	<input type="checkbox"/>	Retirement Documentation	<input type="checkbox"/>	Foster Care Reimbursement
<input type="checkbox"/>	W-2 Form	<input type="checkbox"/>	Social Security	<input type="checkbox"/>	SSI Documentation
<input type="checkbox"/>	Income Tax Form 1040A or 1040	<input type="checkbox"/>	Veteran's Benefit Letter	<input type="checkbox"/>	TANF Documentation
<input type="checkbox"/>	Unemployment Compensation	<input type="checkbox"/>	Child Support	<input type="checkbox"/>	AFDC / Public Assistance Payment
<input type="checkbox"/>	Workman's Compensation Documentation	<input type="checkbox"/>	Alimony Documentation	<input type="checkbox"/>	TennCare Verification
<input type="checkbox"/>	Pension Stubs	<input type="checkbox"/>	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: _____