

Notice

**PRE — K**  
**Pre-Registration**  
**MARCH 21, 2019**

*Weakley County Schools*

**If your child will be 4 (four) years of age on or before August 15, he/she MAY be eligible to attend a Weakley County Pre-K for the 2019–2020 school year. Applications will be taken at individual schools as follows:**

<b>Dresden Elementary</b> 8:00 AM—5:00 PM  Melanie Needham, Principal 731-364-3401	<b>Martin Primary</b> 8:00 AM—5:00 PM  Tracey Bell, Principal 731-587-9033
<b>Gleason Elementary</b> 8:00 AM—5:00 PM  Lee Lawrence, Principal 731-648-5351	
<b>Greenfield Elementary</b> 8:00 AM—5:00 PM  Don McCurley, Principal 731-235-3424	<b>Sharon School</b> 8:00 AM—5:00 PM  Michelle Clements, Principal 731-456-2672

**All parents/guardians are urged to pre-register their children on March 21st. If you are unable to go to school on this date, please call the school principal and submit your child's name.**



**Weakley County Schools**

**Randy Frazier, Director**

**Weakley County Schools**  
**VPK Application for Enrollment**

SCHOOL \_\_\_\_\_

For Office Use Only:

- AGE
- INCOME ELIGIBLE
- OTHER RISK FACTORS

Thank you for your interest in the Weakley County Voluntary PreK Program! Enrollment in this program is voluntary and is available to students who *reside in Weakley County*, who will *be four years of age on or before August 15, and who are considered at risk*. At risk, as determined for the VPK Program, includes children who are economically disadvantaged per the Income Eligibility application and income guidelines set by the U.S. Department of Health and Human Services or children whose parent was killed, died as a direct result of injuries received as a result of war, or is or has been officially reported as a prisoner of war or missing in action. These are the identifying factors for Tier I eligibility for VPK.

If, after twenty days of school and space is available after all slots have been filled with students who are income eligible, Weakley County VPK may enroll additional students who do not meet the income eligibility requirements but who are residing in Weakley County but and meet the Tier II eligibility. Tier II eligibility includes: Students with disabilities, students identified as English Learners (EL), children who are in state custody, or those identified as educationally at-risk including students who have been in the Tennessee Early Intervention Program (TEIS) or Even Start program and who are four (4) years of age on or before August 15 for the current school year. If openings still exist after Tier II has been exhausted, those openings may be filled with Tier III students who meet the requirements set forth by the Community Pre-K Advisory Council (C-PAC), and approved by the Tennessee Department of Education (TDOE) and who are four (4) years of age on or before August 15 for the current school year. Tier III students are considered unserved or underserved and have been identified as students with an incarcerated parent, students who had siblings attend the previous year who were eligible due to income, students who are in the guardianship of an elderly grandparent, or students with a parent who is currently deployed as part of the U.S. Armed Forces.

**ENROLLMENT INFORMATION**  
Martin Primary School

**2019-2020**

**Student Info:**

Teacher: \_\_\_\_\_  
(office use only)

Child's FULL name (must be legal name on birth certificate):

First Name	Middle Name	Last Name

**Gender: Male or Female**

**2019-2020 Grade Level: (circle one) Pre K, K, 1, 2**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month, Day, Year

Country, State, and County of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**Race and Ethnicity (please circle):** Hispanic, Non-Hispanic

American Indian/Alaskan Native    Asian    Black/ African American    White    Native Hawaiian/Pacific Islander

Student's Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Where does your child stay at night?

House/Apartment owned or rented by parents/guardians     In a camper/RV     A campsite  
 With a friend or relative (family does not have a residence)     In an automobile     In a shelter  
 In housing that is inadequate (i.e. no electricity or running water)

**Parent Info:**

Please Check Which Number You Would Like as Your Primary Contact Number

<b>Father's Name:</b> _____	Home Phone:
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights	
Address: _____ Street, City, State, Zip Code	Cell Phone:
Mailing Address: <input type="checkbox"/> Same as above Street, City, State, Zip Code	Work Phone:
	Employer:

Please Check Which Number You Would Like as Your Primary Contact Number

<b>Mother's Name:</b> _____	Home Phone:
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights	
Address: _____ Street, City, State, Zip Code	Cell Phone:
Mailing Address: <input type="checkbox"/> Same as above Street, City, State, Zip Code	Work Phone:
	Employer:

**Emergency Information (Other than Parents)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Location: \_\_\_\_\_

Has your child been served by TEIS (Tennessee's Early Intervention System) or UT Martin's Infant Stimulation Program? \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ For how long? \_\_\_\_\_

Do accidents frequently occur? \_\_\_\_\_ How often? \_\_\_\_\_

Has your child previously been enrolled in a Preschool Program (i.e. Head Start)? Yes No

If so, where? \_\_\_\_\_

**PARENT CONCERNS**

Do you, as a parent, have any concerns regarding your child's development? Yes No

If so, please specify:

\_\_\_\_ Social Skills      \_\_\_\_ Language Development      \_\_\_\_ Speech  
\_\_\_\_ Behavior      \_\_\_\_ Motor Skills      \_\_\_\_ Medical Problems  
\_\_\_\_ Other: \_\_\_\_\_

Has your child been identified as having, or does your child have symptoms of having, any of the following conditions that might require early intervention, special education, and/or related services?

Autism	_____	Emotional Disorder	_____
Behavioral Disorder	_____	Visual Impairment	_____
Health Impairment	_____	Learning Disability	_____
Mental Retardation	_____	Orthopedic Impairment	_____
Speech Impairment	_____	Language Impairment	_____
Traumatic Brain Injury	_____	Hearing Impairment	_____

**Other "at risk" factors (See box below)**

<p><input type="checkbox"/>Income Eligible</p> <p><input type="checkbox"/>Income Eligible and have a military parent killed in action, declared missing in action, or declared a prisoner of war</p> <p><input type="checkbox"/>Child in state custody</p> <p><input type="checkbox"/>Child with disability</p> <p><input type="checkbox"/>ELL Students</p> <p><input type="checkbox"/>Circumstances of abuse or neglect</p> <p><input type="checkbox"/>Other risk factors identified by CPAC (Community PreK Advisory Council) *****See teacher</p>
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**Signature of Person Completing Form** \_\_\_\_\_

**Date** \_\_\_\_\_ **Relation to Child** \_\_\_\_\_

Please list information for the other children in the family starting with the youngest:

Name	Date of Birth	School Attending	Teacher's Name	Grade
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____