

Completing this form constitutes parental permission for preparation of the pupil's cumulative record.

**Information for Cumulative Record
Oak Ridge, Tennessee**

DATE: _____

STUDENT'S LEGAL NAME _____ **PREFERRED NAME** _____
LAST FIRST MIDDLE

Gender _____ Birth Date _____ - _____ - _____ Student's Social Security Number _____ - _____ - _____

STUDENT'S PRIMARY ADDRESS _____ Anderson County ___ Roane County ___
(Must be an Oak Ridge resident to attend)

Birth City _____ Birth County _____ Birth State _____ Mother's Maiden Name _____

Race: Please mark all that apply

Is the child Hispanic? ___ Yes ___ No
American Indian/Alaskan Native ___ Asian ___ Black ___ Hawaiian/Pacific Islander ___ White ___

What is the first language this child learned to speak? English ___ Other _____
What language does this child speak most often outside of school? _____
What language do people usually speak in this child's home? _____

PUPIL'S LEGAL GUARDIAN	
Name _____	Language – Primary _____ Secondary _____
Address _____	Hispanic? Y ___ N ___ Race(s) _____
Phone Number _____	Employed? Y ___ N ___ Employer _____
Opt in for text message – Yes ___ No ___	Full-time ___ Part-time ___ Hours worked _____
Relationship to child _____	Work Phone _____
Custody? Y ___ N ___ Custody Papers? Y ___ N ___	Student? Y ___ N ___ Full-time ___ Part-time ___
Date of Birth ___ / ___ / ___ Birthplace _____	School _____
Highest level of education; HS diploma ___ GED ___	Military Status (If Applicable):
Some College ___ AA/AS ___ BA/BS ___ MA ___ DR ___	Active ___ Reserve ___ Veteran ___
Email address _____	

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Date of Birth ___ / ___ / ___ Birthplace _____	School _____
Highest level of education; HS diploma ___ GED ___	Military Status (If Applicable):
Some College ___ AA/AS ___ BA/BS ___ MA ___ DR ___	Active ___ Reserve ___ Veteran ___
Email address _____	

FAMILY INFORMATION

Child lives with: Both parents _____ One parent (specify) _____ One parent and step _____
 Other (specify) _____

If either parent is not permitted to pick up the child, the Preschool must have legal documentation restricting that parent's right to the child. Court papers? Y ___ N ___

If the child does not live with parents, the Preschool must have legal proof of guardianship. Court papers? Y ___ N ___

After School Care:

Current Daycare (daycare, sitter, relative) _____

Brothers and Sisters

NAME	SEX	DATE OF BIRTH	GRADE & SCHOOL	Primary Language/ Secondary Language	RACE(S)	Does child live in the home? Y/N

In order to attend Oak Ridge Schools' Preschool a student must be a legal resident of Oak Ridge. Legal residence is defined as living with a legal custodial parent or legal guardian who is domiciled in Oak Ridge. If the legal custodian or guardian moves out of the Oak Ridge city limits during the school year, parents/guardians must notify the Preschool immediately upon a change in residence.

NON-DISCRIMINATION POLICY: No child will be discriminated against because of race, sex, color, national origin, religion or disability.

STATEMENT OF CONFIDENTIALITY: Any information shared with your child's teacher, the Family Services Staff or any other Oak Ridge Schools' Preschool staff person will be kept confidential, unless you authorize release of information in writing. This, and all information pertaining to students, will be kept in locked files.

I verify that all of the above information is true and correct and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws. I verify that I am the legal custodian/legal guardian/legal parent of the child identified on this enrollment form.

PARENT/LEGAL GUARDIAN SIGNATURE _____ DATE _____

How did you hear about the Oak Ridge Schools' Preschool?

Social Media _____ Relative or friend _____ Newspaper _____ Other agency _____ Other _____

Do you receive Dolly Parton Imagination Library Books? Y ___ N ___

Do you have a library card? Y ___ N ___

Have you viewed the kidscentraltn.com website? Y ___ N ___

**OAK RIDGE SCHOOLS' PRESCHOOL
DEVELOPMENTAL AND FAMILY HISTORY**

PREGNANCY AND BIRTH HISTORY

Child's name _____ Today's date _____

Child's birth weight _____ Was your child born in a hospital? Y ___ N ___

Did mother have any health problems during this child's pregnancy or delivery? Y ___ N ___ If yes, mark those that apply:

Toxemia ___ Diabetes ___ Premature Labor ___ C-Section ___ Induced Labor ___ Use of: Tobacco ___ Alcohol ___ Drugs ___
Other complications ___ Please explain. _____

Did your child have any health problems during the first year? Y ___ N ___ If yes, mark those that apply:

Birth injury ___ Non-responsiveness ___ Failure-to-thrive ___ Breathing problems ___ Feeding Problems ___ Premature Birth ___ NAS ___
Other _____ Please explain. _____

CHILD'S HEALTH AND MEDICAL HISTORY

Health Insurance: _____

Is this insurance TNCare? _____

Child's Doctor/Clinic: _____

Telephone: _____

Dental Insurance _____

Is this insurance TNCare? _____

Child's Dentist/Clinic: _____

Telephone: _____

Has your child ever been hospitalized? Y ___ N ___ If yes, please explain _____

Doctor _____ Hospital _____ Length of stay _____
Dates _____

Does your child have any chronic medical/health problems? Y ___ N ___ If yes, mark those that apply.

Chronic ear infections	Y ___ N ___	Sore throats	Y ___ N ___	Urinary infection	Y ___ N ___
High Temperatures	Y ___ N ___	Skin disease	Y ___ N ___	Digestive disorder	Y ___ N ___
Asthma	Y ___ N ___	Diabetes	Y ___ N ___	Rheumatic fever	Y ___ N ___
ADD/ADHD	Y ___ N ___	Blood or immune deficiency problem	Y ___ N ___		

Other _____ Please explain _____

Does your child have allergies? Y ___ N ___ If yes, please explain: _____

Has your child ever had a seizure? Y ___ N ___ If yes, please explain _____

Does your child have difficulty hearing? Y ___ N ___ If yes, please explain _____

Does your child have difficulty seeing? Y ___ N ___ If yes, please explain _____

Does your child have difficulty speaking? Y ___ N ___ If yes, please explain _____

FAMILY MEDICAL/HEALTH HISTORY

FAMILY HISTORY	YES	NO	EXPLANATION (parents, siblings, or other close relatives)
Learning			
Physical			
Emotional			
Behavioral			
Substance Abuse			
Mental Illness			

CHILD'S PHYSICAL, PSYCHOLOGICAL, AND SOCIAL DEVELOPMENT

Within the last two years, has your child been served by:

An Individual Education Plan (IEP/IFSP) _____ 504 Plan _____ Early Head Start _____
 A Speech Program _____ TEIS _____ Other _____

If yes to any of the above, please provide explanation or documentation. _____

Does your child have a diagnosed or suspected mental illness or developmental delay? Y___ N___ If yes, please explain:

Diagnosis _____ Treatment _____ Doctor/therapist _____

PHYSICAL DEVELOPMENT

At what age did your child: Crawl _____ Walk _____ Talk _____ Dress self with help _____ Dress self alone _____

SLEEP HABITS

Does your child have a regular bedtime? Y___ N___ At what time does your child go to bed? _____

At what time does s/he wake? _____ Does s/he nap? Y___ N___

Does s/he have sleep problems; such as, sleepwalking, nightmares, etc? Y___ N___

If yes, please explain. _____

EATING

Do you have any nutritional concerns? Y___ N___ If yes, please explain. _____

Do you consider your child: Overweight _____ Underweight _____

Does s/he take nutritional supplements? Y___ N___ If yes, please explain. _____

TOILETING

Is your child toilet trained? Y___ N___ During the day? Y___ N___ During the night? Y___ N___

If no, are you working on toilet training? Y___ N___ Does s/he need assistance? Y___ N___

How does your child tell you s/he needs to use the restroom? _____

BEHAVIOR

Does your child exhibit any of the following behaviors?	YES	NO	EXPLANATION
Aggressiveness			
Resistance to Authority			
Tantrums			
Destructiveness			
Hyperactivity			
Short attention span			
Daydream			
Discipline			
Nervousness			
Depression/Sadness			
Fears/Anxiety			
Frequent crying			
Difficulty getting along with others			
Difficulty expressing self			
Difficult Behaviors			

Is there additional information you would like us to know about your child? _____

Diet Restrictions*? Y___ N___ If yes, explain _____

***Additional forms may be required.**

Does your child take any regular medications? Y___ N___

What medication? _____ Will s/he be taking them at home or at school? _____

***Additional forms may be required.**

INCOME VERIFICATION for HEAD START, TITLE I, OR VOLUNTARY PRE-K

Head Start Income guidelines for 2018
Federal Register, Vol. 83, No. 19 (January 13, 2018) Pages 2642-2644

Family Size	Poverty Guideline	Family Size	Poverty Guideline
1	\$ 12,140	5	\$ 29,420
2	16,460	6	33,740
3	20,780	7	38,060
4	25,100	8	42,380

Add \$4,320 for each additional family member.

Title I & Voluntary Pre-K Income Guidelines for 2018

Family Size	Poverty Guideline	Family Size	Poverty Guideline
1	\$ 22,459	5	\$ 54,427
2	30,451	6	62,419
3	38,443	7	70,411
4	46,435	8	78,403

Add \$7,992 for each additional family member

Any of the following documents are acceptable to verify the previous 12-month's income for a Preschool applicant's family. If your family had multiple sources of income for the past 12 months, all of the income must be documented.

Please check (✓) the document(s) that you are providing.

- | | |
|---|---|
| <input type="checkbox"/> Income tax return (1040, 1040EZ, 1040A) | <input type="checkbox"/> Unemployment Compensation |
| <input type="checkbox"/> W2 | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Families First/TANF (printout from DHS) | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> SSI (notification letter for current year) | <input type="checkbox"/> Foster Care (# _____) |
| <input type="checkbox"/> Letter of verification from employer (12) | <input type="checkbox"/> Other: Pensions, VA, Alimony etc _____ |

Annual income _____ **Number in family** _____

Do you receive the following: WIC _____ Families First/TANF _____ SNAP _____ # _____

Child Support Payments (monthly/yearly) _____

The above income/benefits was received from _____ to _____ (the 12 months prior to entry)

I verify that all of the above information is true and correct and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws and dismissal from Oak Ridge Schools' Preschool.

Signatures:

Parent/Guardian _____ **Date** _____

I have examined the income verification for this application. Completed forms must be maintained in accordance with FERPA

Preschool Representative _____ **Date** _____

To be filled out by school:

Eligibility and Basis For Acceptance

Head Start

Income _____ 101-130%Over Income _____ 10% Over Income _____ Foster Child _____ Homeless _____ TANF/SSI _____
(other selection criteria alone)

Pre-K

Income _____ Foster Child _____ Homeless _____ TANF _____ ELL _____ Disability _____ At risk due to circumstances of abuse or neglect _____

Title I

Income _____ Other Risk Factors _____ **Special Education** (current IEP) _____