

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: _____ Opt in for text message – Yes ___ No ___ | Employed? Y ___ N ___ Employer _____ Full-time ___ Part-time ___ Hours worked _____ Work Phone _____ |
| Relationship to child: _____ | Student? Y ___ N ___ Full-time ___ Part-time ___ School _____ |
| Custody? Y ___ N ___ Custody Papers? Y ___ N ___ | Military (please circle one): Yes No If Yes - Active ___ Reserve ___ Veteran ___ |
| Date of Birth ____/____/____ | |
| Highest level of education: HS diploma ___ GED ___ Some College ___ AA/AS ___ BA/BS ___ MA ___ DR ___ | |
| Email address _____ | |

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| Custody? Y ___ N ___ Custody Papers? Y ___ N ___ | Military (please circle one): Yes No If Yes - Active ___ Reserve ___ Veteran ___ |
| Date of Birth ____/____/____ | |
| Highest level of education: HS diploma ___ GED ___ Some College ___ AA/AS ___ BA/BS ___ MA ___ DR ___ | |
| Email address _____ | |

FAMILY INFORMATION

Brothers and Sisters

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

Parental/Legal Guardian Status

| Child Lives With: | | | | |
|-------------------|----------------------|------------------------------------|----------------|-----------------|
| Both Parents | One Parent (specify) | One Parent & Step-Parent (married) | Legal Guardian | Other (specify) |
| | | | | |

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** _____
(Year One)

PARENT/LEGAL GUARDIAN SIGNATURE _____ **DATE** _____
(Year Two)

After School Care:

Current afterschool care (daycare, sitter, relative) _____

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

Social Media _____ Newspaper _____ Prior Family _____ School System _____ Relative or friend _____

Other Agency; Provide Name _____

Do you receive the following?

Do you receive Dolly Parton Imagination Library Books? Y___ N___ If no, date resources provided _____
(School staff will provide)

Do you have a library card? Y___ N___ if no, date resources provided _____
(School staff will provide)

Have you viewed the kidscentraltn.com website? Y___ N___ If no, date resources provided _____
(School staff will provide)

**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 _____

Diet Restrictions*? Y ___ N ___ If yes, explain _____

***Additional forms may be required.**

Does your child take any regular medications? Y ___ N ___

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

***Additional forms may be required.**

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: _____

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 _____

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

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 _____ **OR** 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 AND SOCIALIZATION

Please explain how your child plays/interacts with others:

Does your child have trouble separating from you? Y ___ N ___ if yes, please explain:

Parent/Legal Guardian Signature _____ Date _____
 (Year One)

Parent/Legal Guardian Signature _____ Date _____
 (Year Two)

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

Head Start Income guidelines for 2020
Federal Register, Vol. 85, No. 12 (January 17, 2020) Pages 3060-3061

| Family Size | Poverty Guideline | Family Size | Poverty Guideline |
|-------------|-------------------|-------------|-------------------|
| 1 | \$ 12,760 | 5 | \$ 30,680 |
| 2 | 17,240 | 6 | 35,160 |
| 3 | 21,720 | 7 | 39,640 |
| 4 | 26,200 | 8 | 44,120 |

Add \$4,480 for each additional family member.

Title I & Voluntary Pre-K Income Guidelines for 2020

| Family Size | Poverty Guideline | Family Size | Poverty Guideline |
|-------------|-------------------|-------------|-------------------|
| 1 | \$ 23,606 | 5 | \$ 56,758 |
| 2 | 31,894 | 6 | 65,046 |
| 3 | 40,182 | 7 | 73,334 |
| 4 | 48,470 | 8 | 81,622 |

Add \$8,288 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 _____ |
| <input type="checkbox"/> Homeless/Relative Care | |

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 _____

Eligibility and Basis For Acceptance

Head Start

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

Pre-K

Income _____ Foster Child _____ Homeless/Relative Care _____ TANF _____ ELL _____ Disability _____ Other Risk Factors _____

Title I

Income _____ Foster Child _____ Homeless/Relative Care _____ TANF _____ ELL _____ Disability _____ Other Risk Factors _____