

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

### Information for Cumulative Record Oak Ridge, Tennessee

DATE: \_\_\_\_\_

**PUPIL'S LEGAL NAME** \_\_\_\_\_ **PREFERRED NAME** \_\_\_\_\_  
LAST FIRST MIDDLE

PUPIL'S PRIMARY ADDRESS \_\_\_\_\_

(Must be an Oak Ridge resident to attend)

Anderson County \_\_\_\_\_ Roane County \_\_\_\_\_

Primary Phone \_\_\_\_\_ Second Phone \_\_\_\_\_

Opt in for text message - Yes \_\_\_ No \_\_\_ Opt in for text message - Yes \_\_\_ No \_\_\_

**Race: (Please mark all that apply)**

Is the child Hispanic? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black

\_\_\_\_\_ Hawaiian/Pacific Islander

\_\_\_\_\_ White

PUPIL'S SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Birth City \_\_\_\_\_ Birth County \_\_\_\_\_ Birth State \_\_\_\_\_

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? \_\_\_\_\_

**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.**

PUPIL'S LEGAL GUARDIAN	
Name _____	Language – Primary _____ Secondary _____
Address _____	Hispanic? Y ___ N ___ Race(s) _____
Relationship to child _____ (Own, Step, Foster, other _____) Circle one	Employed? Y ___ N ___
Date of Birth ____/____/____ Birthplace _____	Employer _____
Highest level of education; HS diploma _____ GED _____	Full-time ___ Part-time ___ Hours worked _____
Some College ___ AA/AS ___ BA/BS ___ MA ___ DR _____	Work Phone _____
Email address _____	Student? Y ___ N ___ Full-time ___ Part-time ___
	School _____
2 <sup>ND</sup> LEGAL GUARDIAN	
Name _____	Language – Primary _____ Secondary _____
Address _____	Hispanic? Y ___ N ___ Race(s) _____
Relationship to child _____ (Own, Step, Foster, other _____) Circle one	Employed? Y ___ N ___
Date of Birth ____/____/____ Birthplace _____	Employer _____
Highest level of education; HS diploma _____ GED _____	Full-time ___ Part-time ___ Hours worked _____
Some College ___ AA/AS ___ BA/BS ___ MS ___ DR _____	Work Phone _____
Email address _____	Student? Y ___ N ___ Full-time ___ Part-time ___
	School _____

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 \_\_\_\_\_ Other \_\_\_\_\_

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

Health Insurance: \_\_\_\_\_

Is this insurance TNCare? \_\_\_\_\_

Child's Doctor/Clinic: \_\_\_\_\_

Telephone: \_\_\_\_\_

Child's Dentist/Clinic: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Is your child the dependent of an active duty military member? Y \_\_\_ N \_\_\_

The dependent of a Reserve military member? Y \_\_\_ N \_\_\_ The dependent of a National Guard member? Y \_\_\_ N \_\_\_

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 \_\_\_

**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 \_\_\_

If divorced or separated, give approximate date. \_\_\_\_\_ If there are custody arrangements that will affect the school, we must have a copy of the legal documentation stating those arrangements. Court papers? Y \_\_\_ N \_\_\_

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

Siblings who attended the Preschool? \_\_\_\_\_

**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 \_\_\_\_\_

**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\_\_\_ Other\_\_\_

Please explain. \_\_\_\_\_

**CHILD'S HEALTH AND MEDICAL HISTORY**

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\_\_\_ Sore throats\_\_\_ Urinary infection\_\_\_ High Temperatures\_\_\_ Skin disease\_\_\_

Digestive disorder\_\_\_ Asthma\_\_\_ Diabetes\_\_\_ Rheumatic fever\_\_\_ Blood or immune deficiency problem\_\_\_ ADD/ADHD\_\_\_

Other \_\_\_\_\_

Please explain \_\_\_\_\_

Does your child have a diagnosed or suspected mental illness or developmental delay? Y\_\_\_ N\_\_\_ If yes, please explain:

Diagnosis \_\_\_\_\_ Treatment \_\_\_\_\_ Doctor/therapist \_\_\_\_\_

Does your child have allergies? Y\_\_\_ N\_\_\_ If yes, please explain:

Allergen \_\_\_\_\_ Reaction \_\_\_\_\_ Allergen \_\_\_\_\_ Reaction \_\_\_\_\_

Allergen \_\_\_\_\_ Reaction \_\_\_\_\_ Allergen \_\_\_\_\_ Reaction \_\_\_\_\_

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 \_\_\_\_\_

Does your child take any regular medications? Y\_\_\_ N\_\_\_

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

**FAMILY MEDICAL/HEALTH HISTORY**

Does anyone in the family (siblings, parents, or other close relatives) have special needs or difficulties in the areas listed below?

	<b>YES</b>	<b>NO</b>	<b>EXPLANATION</b>
Learning			
Physical			
Emotional			
Behavioral			
Substance Abuse			
Mental Illness			

**CHILD'S PHYSICAL, PSYCHOLOGICAL, AND SOCIAL DEVELOPMENT**

**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. \_\_\_\_\_  
 Has a doctor prescribed any dietary restrictions for your child? 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?

	<b>YES</b>	<b>NO</b>	<b>EXPLANATION</b>
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 himself			

Does your child demonstrate different behaviors than other children? Y \_\_\_ N \_\_\_ If yes, please explain.

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

Diet Restrictions? Y \_\_\_ N \_\_\_ If yes, explain \_\_\_\_\_

Any medications child will be taking at school? Y \_\_\_ N \_\_\_ If yes, explain \_\_\_\_\_

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

Relative or friend \_\_\_\_\_ Newspaper \_\_\_\_\_ Other agency \_\_\_\_\_ Other \_\_\_\_\_

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

**Head Start Income guidelines for 2017**

*Federal Register, Vol. 82, No. 19 (January 31, 2017) Pages 8831-8832*

Family Size	Poverty Guideline	Family Size	Poverty Guideline
1	\$ 12,060	5	\$ 28,780
2	16,240	6	32,960
3	20,420	7	37,140
4	24,600	8	41,320

Add \$4,160 for each additional family member.

**Title I & Voluntary Pre-K Income Guidelines for 2017**

Family Size	Poverty Guideline	Family Size	Poverty Guideline
1	\$ 21,775	5	\$ 52,559
2	29,471	6	60,255
3	37,167	7	67,951
4	44,863	8	75,647

Add \$7, 696 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"/> <b>Income tax return (1040, 1040EZ, 1040A)</b> | <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 \_\_\_\_\_

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**  
Head Start \_\_\_\_\_ Pre-K \_\_\_\_\_ Title I \_\_\_\_\_ Special Education \_\_\_\_\_ Other \_\_\_\_\_

**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) \_\_\_\_\_  
**Other** (determined by Selection Criteria alone) \_\_\_\_\_