

Pre-Kindergarten Registration

Call: Dr. Claudia Styles at
931-433-5542



It is FREE for all
families!



Register online
at fcsboe.org or
at the school.

Ralph Askins School

901 Shady Lane, Fayetteville, TN
(931) 433-5311

REGISTRATION IS STILL OPEN!

We offer a FULL DAY Program instructed by the BEST teachers with outstanding learning opportunities. We cannot wait to meet your child.

Child must be 4 years on or before August 15.



WELCOME TO RAS PRE-KINDERGARTEN

We are so very excited for your upcoming Pre-Kindergartener to be joining our Tiger Family. The Ralph Askins Pre-Kindergarten Program offers many opportunities for your child to grow academically and socially! The teachers utilize curricula that is rich in a multisensory approach to learning. Please let us know if there is anything we can do to prepare your child for their first steps into a great educational experience. An application can be picked up at RAS and once all information is completed and submitted, you will be called in early April to provide more information.

Sincerely,

Dr. Claudia Styles, District Pre-K Supervisor
Office: 931-433-5542
stylesc@fcsboe.org

Visit our website at www.fcsboe.org/ras or follow us on Facebook



Pre K Checklist

____ Birth Certificate

____ Tennessee Certificate of Immunization Record

____ Proof of Physical Exam (dated within past 12 months)

____ Parent/Guardian Photo Identification

Driver's License, Passport or Passport card

____ Income Verification (total household income)

____ Social Security Card (optional)



Student's Last Name _____ First Name _____ Middle _____

Social Security (optional) _____ Birth Date _____

Age: _____ Sex: (circle one) Male or Female Ethnicity: Non-Hispanic _____ Hispanic _____

Race: White Black/African Asian Hawaiian/Pacific American Indian/Alaskan

Home Language: _____ Primary Language _____ Limited English Proficient Y or N

Last School Attended _____ Date Withdrawn _____

Student lives with _____ Relation _____ Legal Guardian Y or N

Address of where the student resides _____

****If you are divorced or someone other than a parent has custody of the student, a copy of the custody document must be on file at the school.**

Mother _____			
Last Name,	First Name	Middle Name	Maiden Name
Residence (911 Address) _____		City _____	Zip _____
Mailing Address _____		City _____	Zip _____
County of Residence _____	Email Address _____		Date of Birth _____
Home Phone _____	Cell Phone _____	Work Phone _____	
Place of Employment _____		Can Pick up Student Yes or No	

Father _____			
Last Name,	First Name	Middle Name	Maiden Name
Residence (911 Address) _____		City _____	Zip _____
Mailing Address _____		City _____	Zip _____
County of Residence _____	Email Address _____		Date of Birth _____
Home Phone _____	Cell Phone _____	Work Phone _____	
Place of Employment _____		Can Pick up Student Yes or No	

Guardian Other Than Above: (Must provide the school a copy of the legal custody order)			
Guardian _____			
Last Name,	First Name	Middle Name	Maiden Name
Residence (911 Address) _____		City _____	Zip _____
Mailing Address _____		City _____	Zip _____
County of Residence _____	Email Address _____		Date of Birth _____
Home Phone _____	Cell Phone _____	Work Phone _____	
Place of Employment _____		Can Pick up Student Yes or No	

(Turn over for Page 2)

RESIDENCY:

Where does your child stay at night? (Check One)

- Home/Apartment owned or rented by the parent(s)/guardian
- In a Motel
- In a Shelter
- A Campsite
- In an Automobile
- With a **relative** or friend (Family does not have a residence)
- In housing that is inadequate (i.e. no electricity, running water, etc)
- Other housing (Please explain) _____

MEDICAL:

If you child has a medical issue make sure to complete the medical history form in the registration packet.
I, as parent/guardian, give permission to treat my child in case of an emergency.

Signature: _____ Date: _____

SCHOOL SERVICES:

Has your child ever been served under one of the following? (Check box if applicable)

- 504 Plan
- IEP (Special Education Services)
- Speech Services
- Health Plan
- ESL (English as a Second Language)

MILITARY:

Active Member of Military _____ Active Member of the Reserves _____ Active Member of the Guard _____

Pre-School Only: Is Your Child Currently in a Pre-School or Daycare Program? Yes _____ No _____

If Yes, Name of Program or School: _____



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>

2023-24
Application to Determine Income Eligibility for the Voluntary Pre-K Program

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: _____

Home Phone #: () _____ Work Phone #: () _____ Cell Phone #: () _____

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.

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"/>	W-2 Form	<input type="checkbox"/>	Social Security
<input type="checkbox"/>	Income Tax Form 1040A or 1040	<input type="checkbox"/>	Veteran's Benefit Letter
<input type="checkbox"/>	Unemployment Compensation	<input type="checkbox"/>	Child Support
<input type="checkbox"/>	Workman's Compensation Documentation	<input type="checkbox"/>	Alimony Documentation
<input type="checkbox"/>	Pension Stubs	<input type="checkbox"/>	Other (Specify): →
<input type="checkbox"/>		<input type="checkbox"/>	Foster Care Reimbursement
<input type="checkbox"/>		<input type="checkbox"/>	SSI Documentation
<input type="checkbox"/>		<input type="checkbox"/>	TANF Documentation
<input type="checkbox"/>		<input type="checkbox"/>	AFDC / Public Assistance Payment
<input type="checkbox"/>		<input type="checkbox"/>	TennCare Verification

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: _____