

## Knox County Schools Pre-K Application 2008-09

Today's Date \_\_\_\_\_ Zoned School \_\_\_\_\_

Child's Name \_\_\_\_\_ Goes by \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Home Address \_\_\_\_\_  
Street Address and Apt. #

\_\_\_\_\_  
City/State/Zip Code

Phone Numbers: \_\_\_\_\_  
Home Work Cell

**Preferred Pre-K Location:** (The locations of any new pre-k classes have not been announced.) \_\_\_\_\_

How did you hear about the Pre-k program? \_\_\_\_\_

Person completing this form: \_\_\_ Mother \_\_\_ Father \_\_\_ Step-mother \_\_\_ Step-father \_\_\_ Adoptive Parent  
\_\_\_ Other family member (specify) \_\_\_\_\_ \_\_\_ Other (specify) \_\_\_\_\_

### Family Data

Child lives with: \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparents  
\_\_\_ Adoptive Parent(s) \_\_\_ Other (specify) \_\_\_\_\_

Number of people in the household \_\_\_\_\_

Please list name and relationship to child:

Example: Jane Smith—Mother \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary language spoken at home? \_\_\_\_\_ Other language(s) spoken at home? \_\_\_\_\_

Total Family Income MUST meet USDA guidelines for free/reduced meals. Do you qualify? \_\_\_\_\_

\*see attached \*\* proof of eligibility must be provided to KCS prior to enrollment

Please circle any of the following items that pertain to your child:

Child in state custody	History of abuse/neglect	Prenatal drug exposure
Teen Parent	Premature baby	Military parent/deployed
No group experience	Attends or has attended Head Start	Parent incarcerated
Is toilet trained	Child has disability and IEP	Single parent
Homeless	Death of parent/sibling	
Other at/risk factors: _____		

Signature of person filling out this form: \_\_\_\_\_

Mail to the school of your choice or to:  
Knox County Schools--12<sup>th</sup> Floor  
P. O. Box 2188  
Knoxville, TN 37901

ref. taken by \_\_\_\_\_