



Metropolitan Nashville Public Schools Pre-Kindergarten Application Packet

Place a check mark in each box to indicate required documents are included.

Applicant's Name _____

Applicant's Date of Birth _____

Applicant's Age as of August 15th, 2016 _____

Complete Application Packet Consists of:

- Completed PreK Application
- Parent/Guardian's Photo Identification
- Birth Certificate or acceptable proof of age
- Proof of Residency
- Migrant Education Program Occupational Survey

Confirmation # _____

Metro Nashville Public Schools Pre K Application

Residential Address _____ Apt # _____

City _____ State _____ Zip _____

Household Phone Number (_____) _____ - _____

Mailing Address *(only complete if mailing address is different from Residential Address)*

Address _____ City _____ State _____ ZIP _____

Statement of Residence: Where does the Applicant stay at night? (Please check ONE)

____ Home/Apartment owned or rented by the Applicant's parent/legal guardian _____ in a motel _____ a campsite
____ in an automobile _____ With a relative or friend (family does not have a residence)
____ Other housing (please explain) _____

Parents/Guardians Living in the Household With Applicant

Last Name _____
First Name _____ MI _____
Sex _____ Relationship to Applicant _____
Home Phone _____ work _____
Cell Phone _____ Text
Email Address _____

Allow this person access to:

circle all that apply

portal / attendance / behavior / mailings/ teacher/ message

Last Name _____
First Name _____ MI _____
Sex _____ Relationship to Applicant _____
Home Phone _____ work _____
Cell Phone _____ Text
Email Address _____

Allow this person access to:

circle all that apply

portal / attendance / behavior / mailings/ teacher/ message

Parents/Guardians Living at a Different Address Other Than The One Listed Above

Does this parent/guardian have joint custody? Y N
Last Name _____ First _____
Sex _____ Relationship to Applicant _____
Mailing address _____ APT# _____
City _____ State: _____ Zip: _____
Household Phone (_____) - _____ - _____
Cell Phone _____ Text
Email Address _____

Allow this person access to:

portal / attendance / behavior / mailings/ teacher/ message

Is there a court order restricting this person's access to the Applicant? Y N
(If yes, a copy of the court order MUST be provided)

Does this parent/guardian have joint custody? Y N
Last Name _____ First _____
Sex _____ Relationship to Applicant _____
Mailing address _____ APT# _____
City _____ State: _____ Zip: _____
Household Phone (_____) - _____ - _____
Cell Phone _____ Text
Email Address _____

Allow this person access to:

portal / attendance / behavior / mailings/ teacher/ message

Is there a court order restricting this person's access to the Applicant? Y N
(If yes, a copy of the court order MUST be provided)

******Applicant information provided should match Applicant's Birth Certificate******

Applicant 1 ID# _____

ID# provided by MNPS

Applicant 2 ID# _____

ID# provided by MNPS

Last Name _____
First Name _____
Middle Name _____ DOB ____/____/____
Sex _____ Social Security # _____

Race **(circle all that apply)**

Optional

Black/African American - American Indian/Alaskan Native
Asian - Pacific Islander / Native Hawaiian - White
Ethnicity **(circle one)**: Hispanic or Non Hispanic

Circle the grade you are registering this Applicant for:
PreK 3 or PreK 4

Last Name _____
First Name _____
Middle Name _____ DOB ____/____/____
Sex _____ Social Security # _____

Race **(circle all that apply)**

Optional

Black/African American - American Indian/Alaskan Native
Asian - Pacific Islander / Native Hawaiian - White
Ethnicity **(circle one)**: Hispanic or Non Hispanic

Circle the grade you are registering this Applicant for :
PreK 3 or PreK 4

School Choices for Pre K

List in order
of
preference.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

Is this child a Twin Y / N

Sibling Preference Y / N

Employee Preference Y / N

Sibling ID# 190

Sibling's School _____

Employee ID# _____

If School Personnel cannot reach the parent/guardian with the phone numbers listed on Page 1, who do we call and in what order?

- 1st Emergency Contact Name _____ phone# _____
- 2nd Emergency Contact Name _____ phone# _____
- 3rd Emergency Contact Name _____ phone# _____
- 4th Emergency Contact Name _____ phone# _____

Home Language Survey

The State of Tennessee School Code requires that each school district shall administer a Home Language Survey to each Applicant entering the school district for the first time. The information is used to identify the need for English language support services for your child.

- 1. What is the first language this child learned to speak? _____
- 2. What language does this child speak most often outside of school? _____
- 3. What language do people usually speak in your child's home? _____

Income Information – Must be provided

Total # of household members: _____

Annual Income reported to IRS for 2015 _____ (documentation will be required upon acceptance) **or**

Circle any program participation – (documentation will be required upon acceptance)

Food Stamps – Families First – Homeless - Foster Care – Head Start – Early Head Start

Do you have a need for before or after school care for this Applicant? Y / N

I certify that I am the parent/guardian of the Applicant(s) listed above and I have provided MNPS with accurate information as required by State Law. _____



SIGN HERE



Parent/Guardian signature **required** for enrollment

MNPS Office Use Only

Applicant ID# _____ PIN# _____

Enrolled at _____ School

Enrolled by ES _____ Date _____

Tennessee Department of Education (TDOE)
Title I, Part C of the Elementary and Secondary Education Act (ESEA)

**Migrant Education Program
Occupational Survey**

Student Information: _____ **DATE:** _____
Last Name First Name Gender Race

District: _____ **School:** _____ **Grade:** _____ **School Year:** _____

Migrant students may be eligible for additional services and assistance. Please answer the following questions and return the survey to the school so that we can determine if your child qualifies for migrant services.

1. Did you or someone in your family come to Tennessee looking for temporary or seasonal work in a factory processing foods or working in agriculture, fishing, or dairy (examples: working with tobacco, tomatoes, cotton, strawberries, nurseries, trees, pork, chickens, vegetables, etc.)?

YES _____ **NO** _____ If yes, please mark which member of the family does or did this kind of work:

Mother _____ **Father** _____ **Children** _____ **Other** _____

2. Do you or someone in your family currently work in a factory processing foods or in agriculture, fishing, or dairy? (examples: working with tobacco, tomatoes, cotton, strawberries, nurseries, trees, pork, chicken, vegetables, etc.)

YES _____ **NO** _____ If yes, please mark which member of the family does or did this kind of work:

Mother _____ **Father** _____ **Children** _____ **Other** _____

3. If your current job is not temporary work in agriculture or fishing, did you or someone in your family work in a temporary or seasonal agriculture or fishing in the last 3 years?

YES _____ **NO** _____

If yes, where? _____
City State Country

If you answered "yes" to any of the questions above, please answer questions 4, 5, and 6.

4. How long have you been in this county in Tennessee? _____
months years

5. What is your current address? _____
Street Address City State Zip Code

6. What is your current telephone number with the area code? (____) _____

NOTE TO THE SCHOOL: Please send all surveys with at least one "yes" response to your district migrant liaison. Please make sure the form is filled out completely.

NOTE TO DISTRICT MIGRANT LIAISON: All surveys with at least one "yes" answer should be uploaded to the TNMEP site upon receipt. Please email migrated@blomand.net to inform Jessica Castañeda that new surveys have been uploaded.

Tennessee Department of Education (TDOE)
 Title I, Part C of the Elementary and Secondary Education Act (ESEA)
Programa de Educación para Estudiantes Migrantes
Encuesta Ocupacional

Nombre del Estudiante: _____ **FECHA:** _____
 Nombre Apellido Sexo Raza

Distrito: _____ Escuela: _____ Grado: _____ Año Escolar: _____

El programa de educación para los estudiantes migrantes [MEP] es parte del Departamento de Educación Pública del Estado de Tennessee [TDOE] provee servicios a los niños y familias que se han mudado a Tennessee en los últimos 3 años. Para calificar por el programa, las familias deben de haberse mudado de un lugar a otro buscando trabajo temporal en agricultura, ganadería, o pesca. El programa registra a niños y jóvenes entre las edades de 3 a 21 años. Agradecemos que nos ayuden a determinar si su niño o pariente califica para recibir servicios de este programa. Por favor, conteste las siguientes preguntas y entregue este documento a la escuela.

1. ¿Vino Usted o alguien en su familia en busca de trabajo temporal en agricultura, el campo, una finca (ejemplo: sembrando/cultivando/cosechando tabaco, papas, algodón, fresas, viveros, trabajo con árboles, etc.), o de pesca (empacadora de pescado o mariscos) o alguna fábrica que procesa alimentos como cerdos, pollos, vegetales, etc.?

SÍ _____ **NO** _____

Si su respuesta es "sí," por favor, indique que miembro de su familia hizo este tipo de trabajo.

Madre _____ **Padre** _____ **Hijos** _____ **Otros** _____

2. Trabaja ahora Ud. o alguien en su familia en agricultura (ejemplos: tabaco, papas, algodón, fresas, viveros, trabajo con árboles, etc.), en una lechería o en una fábrica procesando comida (puerco, pollo, vegetales, etc.)?

SÍ _____ **NO** _____

Si su respuesta es "sí," por favor, indique que miembro de su familia hace este tipo de trabajo.

Madre _____ **Padre** _____ **Hijos** _____ **Otros** _____

3. Si su trabajo actual no se relaciona a la agricultura ni pesca, ¿Ha trabajado Usted o algún miembro de su familia en este tipo de actividades en los últimos 3 años?

SÍ _____ **NO** _____

¿Dónde?

_____ Ciudad

_____ Estado

_____ País

Si usted contestó "sí" a alguna de las preguntas anteriores, por favor, conteste las preguntas abajo (#4, 5 y 6).

4. ¿Hace cuánto tiempo que se mudó a este condado? _____
 Mes Año

5. ¿Cuál es su dirección actual? _____
 Dirección Ciudad Estado Código Postal

6. ¿Cuál es su número de teléfono actual (con el código de área)? (____) _____

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