Pre-K Application Steps

☐ **STEP 1.** Obtain an Identification Number by completing the attached packet while visiting an MNPS Enrollment Center, Early Learning Center or Family Information Center to get your ID number.

*Pre-K Identification Number 190__________________________________________________________*

☐ **STEP 2.** Using the 190 ID number you obtained in Step 1, submit the Pre-K Application on-line at [www.mnps.org](http://www.mnps.org)

*If technology assistance or access to a computer is needed, enrollment centers or elementary school sites can assist.*

**March 29th (3:30 P.M.) Deadline to Apply for Pre-K for the April 15th Selection Day**

☐ **STEP 3.** View selection status on-line at [www.mnps.org](http://www.mnps.org)

<table>
<thead>
<tr>
<th>April 15th</th>
<th>Selection Day – Acceptance/Wait List Letters mailed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Click on the heading <em>Schools</em></td>
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<tr>
<td>• Click on <em>School Options</em></td>
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<tr>
<td>• Click on <em>Accept Your Seat</em></td>
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<tr>
<td>• Enter your child’s information (last name, ID number and date of birth)</td>
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</tbody>
</table>

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<thead>
<tr>
<th>May 3rd</th>
<th>Deadline to Return Acceptance Letters to accepting school site</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Families will need to return signed Pre-K Acceptance Letter along with required documentation for enrollment (current physical and immunization/proof of income)</td>
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<tr>
<td>• Proof of income (W2 Form, income tax return, government assistance letter e.g.)</td>
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<tr>
<td><em>If selected, families must provide the appropriate documentation in order to complete enrollment.</em></td>
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</tbody>
</table>

**Additional Dates of Interest**

<table>
<thead>
<tr>
<th>May 13th</th>
<th>Additional pull to fill vacancies – Acceptance/Wait List Letters mailed home</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Families can view application status on-line following the procedures listed above</td>
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</table>

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<thead>
<tr>
<th>May 24th</th>
<th>Deadline to return Pre-K Acceptance Letter from the May 13th pull</th>
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</thead>
<tbody>
<tr>
<td>June 1st</td>
<td>2nd pull to fill vacancies</td>
</tr>
<tr>
<td>June 10th</td>
<td>Deadline to return Pre-K Acceptance Letter from the 2nd pull dated June 1.</td>
</tr>
</tbody>
</table>
Metropolitan Nashville Public Schools

Pre-K Identification Number Packet Step 1

To apply for an ID Number you will need:

Child Birth Certificate or Verification (Passport, Visa, I-94, etc.)

Parent or Guardian Photo ID

Proof of Residence (Current Utility Bill or Lease/Mortgage Document in the Parent or Guardian’s name)

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)

Applicant Name Last ___________________________ First _______________________ Middle _______________

Child’s age as of August 15th, 20__ _____ years old

Gender (circle one) Male or Female Date of Birth ____/____/______ Social Security# ______-____-____

Ethnicity (circle one) Hispanic or Non-Hispanic

Race (circle all that apply) Black/African American White American Indian/Alaskan Native Asian Pacific Islander/Native Hawaiian

Country of Birth ____________________ State of Birth ______ County of Birth ______________ City of birth _______

Home Primary Language ___________________________ Mother’s Maiden Name __________________

Please list children in the household enrolled in a Metro Nashville Public or Charter School

1. Name _____________________________________________ DOB ____/____/_____ MNPS ID number 190__________

2. Name ________________________________________________________ DOB ____/____/_____ MNPS ID number 190__________

Applicant and Enrolling Parent or Guardian’s Address

Residential Address ______________________________________ Apt # _____ City _______________________ State ____ Zip ________

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

Mailing Address ______________________________________ Apt # _____ City _______________________ State ____ Zip ________

Parents or Guardians living in the household with child - (please list only 1 person per box)

1.) Relationship to child: (circle one) Mother / Father / Legal Guardian

Last Name ___________________________ First Name ___________________________ MI _____

Date of Birth ____/____/______ Gender (circle one) Male or Female

Cell Phone ___________________________ Home Phone ___________________________ Email Address ___________________________

This person needs access to: (circle all that will apply) portal / attendance / behavior / mailings / teacher / messages

2.) Relationship to child: (circle one) Mother / Father / Legal Guardian

Last Name ___________________________ First Name ___________________________ MI _____

Date of Birth ____/____/______ Gender (circle one) Male or Female

Cell Phone ___________________________ Home Phone ___________________________ Email Address ___________________________

This person needs access to: (circle all that will apply) portal / attendance / behavior / mailings / teacher / messages
Parent or Guardian living at a different address other than the one listed above

Relationship to child: (circle one)  Mother / Father / Legal Guardian

Last Name __________________________________________ First Name __________________________ MI ______

Date of Birth ___/___/______  Gender (circle one)  Male or Female

Address __________________________________________ Apt # _______ City __________________ State ________ Zip ________

Cell Phone _________________________ Home phone ____________________________

Email Address __________________________________________

This person needs access to: (circle all that will apply)  portal / attendance / behavior / mailings / teacher / messages

Emergency Contact

(If school personnel cannot reach the parent or guardian listed, who do they call and in what order)

1. Contact Name __________________________ Gender (M / F) Phone# __________ Relationship __________

2. Contact Name __________________________ Gender (M / F) Phone# __________ Relationship __________

Legal Notice

Is there a court order restricting any person access to the child? ___Y ___N

If you answered yes regarding Legal Notice, you must provide a current Magistrate/Judge signed court order.

Child Health Information

Does the child have any health problems?  ___ Yes ___ No

If yes to the question above, please provide details and documentation: ___________________________________________
__________________________________________________________________________________________________

Incomplete packets will not be accepted and cannot be held by a school, Enrollment Center or the Family Information Center.

I certify that I am the parent or guardian of the child listed and I have provided MNPS with accurate information as required by State Law, that the above address is the primary residence where my child and I live.

I will notify the school of any change in residency status within 10 days of that change.

Parent’s or Guardian’s Signature __________________________ Print Name __________________________

Date Signed __________________________

*FOR MNPS ENROLLMENT CENTER USE ONLY*

____ Search Infinite Campus  ____ Search EIS  ____Medical Alerts 190

____ HERO/emailed  ____ Scan Packet to IC and DQI Drive  ____Legal Alert

Completed By __________________________________________

First name __________ Last name __________

1/31/2019 DQI
Tennessee Migrant Education Program - Occupational Survey

Your child may qualify to receive free educational services. Please answer the following questions to help us determine their eligibility. Once completed, return this form to the school.

<table>
<thead>
<tr>
<th>STUDENT FIRST NAME:</th>
<th>STUDENT LAST NAME:</th>
<th>DATE:</th>
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<tbody>
<tr>
<td>SCHOOL:</td>
<td>GRAD:</td>
<td></td>
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<tr>
<td>PARENT/GUARDIAN NAME:</td>
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1) In the past three years, has your family moved to another city, state, and/or county?
   □ Yes       □ No

2) Do you or anyone in your immediate family currently work or have worked (in the past three years) in any of the following occupations?
   □ Yes       □ No

   a. If yes, please circle all that apply:
      - Processing & Packing (fruit, vegetables, chicken, eggs, pork, beef, etc.)
      - Agriculture/Field Work (planting, picking, and sorting crops; soil preparation; irrigation; fumigation, etc.)
      - Dairy/Cattle Raising (feeding, milking, rounding up, etc.)
      - Nursery/Greenhouse (planting, potting, pruning, watering, etc.)
      - Forestry (soil preparation, planting, growing, cutting trees, etc.)
      - Fishing/Fish Processing (catching, sorting, packing, transporting fish, etc.)

   If you answered “yes” to the questions above, please continue. Otherwise, your form is complete.

3) How long have you been in this county in Tennessee?
   
<table>
<thead>
<tr>
<th>WEEKS:</th>
<th>MONTHS:</th>
<th>YEARS:</th>
</tr>
</thead>
</table>

   HOME ADDRESS:
   
   CITY:          | STATE:    | ZIP:    |
   |              |           |         |

   TELEPHONE (WITH AREA CODE):

   For school use only: If questions 1 and 2 are “yes,” please send the survey to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.

   School District: | Student State ID: | Enrollment Date: |
2018-19 MILITARY CONNECTIONS SURVEY

School Name: ________________________________  Grade: _______

Student #: _________  Student Name: ____________________________  Birthdate: __________

Under ESSA regulations in effect for the 2018-19 school year, school districts are required to identify students whose parent(s) or legal guardian(s) fall within the three military-related classifications shown below. Classifications are only collected for parent(s) and/or legal guardian(s) of students not for students enlisting in the military.

4-Active Duty Military: Parent or guardian on National Guard duty or Active Guard Reserve (full-time Reserve duty) or Active duty in a branch of the Armed Forces.

5-National Guard Military: Parent or guardian who participates in the National Guard on a part-time basis.

6-Reserve Military: Parent or guardian who participates on a part-time basis in the Reserves of a branch of the armed forces

Parent(s)/legal guardian(s) for students must match Guardian information contained in MNPS student records.

<table>
<thead>
<tr>
<th>Name of Parent or Legal Guardian</th>
<th>Start Date of Current Military Service</th>
<th>Classification: 4- Active Duty, 5- National Guard, or 6- Reserve</th>
<th>Branch: (Army, Navy, Air Force, Marine Corps, or Coast Guard)</th>
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Parent/Guardian Signature: ________________________________  Date: __________

For more information about USED commitment and services for military families: [https://www.ed.gov/veterans-and-military-families](https://www.ed.gov/veterans-and-military-families)