

Hamilton County Voluntary Pre-K Application for 2019-2020 (2 pages)

Site Name _____ Date _____

Student _____

last name first name middle name

Student Address _____

Number and Street City State Zip

Home Phone _____ Cell Phone _____

Age _____ Birthdate _____ Place of Birth _____

City/County/State/Country

Birth Certificate # _____ Social Security # _____

Student lives with? Both Parents Mother Father Other (list) _____

Custodial Parent or Legal Guardian _____

Race Asian Black Hispanic Indian White Pacific Islander Other __ Sex Female Male

Mother-Name (Last, First) _____

Address, if different _____ Home Phone _____

Employer _____

Name Address

Business Phone _____ Occupation _____

Father-Name (Last, First) _____

Address, if different _____ Home Phone _____

Employer _____

Name Address

Business Phone _____ Occupation _____

Name of Legal Guardian (if other than parent) _____

Address _____ Home Phone _____

Employer _____

Name Address

Business Phone _____ Occupation _____

Emergency Contact _____

Name Address Phone Number

Previous school/preschool _____

Name Address Phone Number

Does your child have an IEP? Yes No __ Speech and Language __ Other: _____

Is English your Primary Language? Yes No If not, list primary language _____

Name of person completing this application _____

Relationship to Student _____ Brother/Sister (ages) _____

Any falsification of information concerning income, residence, birth certificate and/or any information on this application and other pre-k application forms may be reason for dis-enrollment.

Hamilton County Voluntary Pre-K Application for 2019-2020

Child's Relationship to Parent/Guardian:

- Natural/Adopted/Step
- Grandchild
- Niece/Nephew
- Foster
- Sibling
- Other

Custody: Yes No Required documentation: Yes No

**Has your child attended a Head Start/Early Head Start Program? _____ Yes _____ No

Name and Location of Head Start Class: _____

Enrollment dates in Head Start _____

English Proficiency: None Little Moderate Proficient

Other Language: _____

Other Language Proficiency: None Little Moderate Proficient

**Does your child have an IEP for Speech or Language or other disability? Yes No If yes, where is the child receiving services and with whom? _____

**Is the family Homeless? Yes No (as determined by McMcKinney-Vento Homeless Assistance Act) *Please complete Family Transition Education Program form.*

**Was a parent in the military killed in action, declared missing in action, or declared a prisoner of war? Yes No (Please provide documentation.)

**Are you a Migrant Family: Yes No *Please complete Migrant Education Program Occupational Survey form.*

**Does the child reside in a local institution for neglected or delinquent children and youth or attend a community-day program for neglected or delinquent children and youth?

Yes No If yes, name of institution or program _____

Any falsification of information concerning income, residence, birth certificate and/or any information on this application and other pre-k application forms may be reason for dis-enrollment.

NOTICE OF NONDISCRIMINATION

It is the policy of the Hamilton County Board of Education not to discriminate on the basis of sex, race, national origin, creed, age, or religion in any of the programs or practices in the school system. A complaint may be filed by anyone who has a grievance regarding discrimination as set forth in one of the following statutes: (1)The Rehabilitation Act of 1972, Section 504; (2) Title VI of the Civil Rights Act of 1964; or (3) Title IX of the Educational Amendments of 1972. You may reach the office of the Title VI and Title IX coordinator for Hamilton County Schools by calling (423)209-8654.

Teacher _____ Pre-K Location _____

STUDENT HEALTH HISTORY

Student health information within the school is limited to the information necessary to serve the student's educational and health interests.

Student Name _____ Grade PreK Date _____

Please let us know your child's health needs by completing this form.

- My child has no health problems.**
- Is your child on medication yes no If yes, please list _____
- My child's health needs include the following conditions:**
- Allergies**, include food allergies, please list _____
What happens? _____
Is EpiPen Prescribed? Yes No (If yes, parent must provide EpiPen)
- Bee Sting Allergy**, What happens? _____
Is EpiPen Prescribed? Yes No (If yes, parent must provide EpiPen)
- Asthma** Is inhaler used? Yes No If yes, how often? _____
What medications are taken for asthma? _____
- Diabetes** What medications are taken? _____
Any special procedures during the school day? _____
- Hearing Problem:** Please describe _____
- Vision Problem:** Wears glasses? Yes No Wears contacts? Yes No
- ADD or ADHD Diagnosed:** What medications are taken? _____
Will medication be needed in school? Yes No, When? _____
- Bone/Joint problem or fractures?** Which bones or joint? _____
Is a brace worn? Yes No
- Seizures** What type? _____ Date of last seizure _____
Medication taken _____
- Episode of loss of consciousness:** When? _____
Any special treatment? _____
- Emotional concerns:** List _____
- List any other recurrent medical problem or illness:**

Name of Student's doctor _____ Phone _____

Please contact pre-k personnel for medication forms if your child needs medication at school, including inhalers for asthma or EpiPen for severe allergic reactions.

Health History Informed Consent

Your signature gives permission for pre-k staff to take precautions and procedures to protect your child in the classroom and to foster academic success. Your signature is an informed consent to share this health history information with pre-k staff on a need-to-know basis for emergency plans.

Parent/guardian signature _____ Date _____ Phone number _____

If your child is taking any medication on a regular basis please complete a medication form.



HAMILTON COUNTY DEPARTMENT OF EDUCATION

3074 Hickory Valley Road, Building 200-1 Chattanooga, TN 37421
423/498-7020

HOME LANGUAGE SURVEY CUESTIONARIO DE LENGUA NATAL

School Name _____ Date _____

Nombre de la Escuela _____ Fecha _____

Student's Name _____ Grade _____

Nombre del Estudiante _____ Grado _____

1. What is the first language your child learned to speak?
¿Cual es el primer idioma que aprendio a hablar?

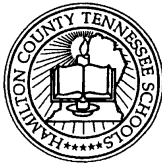
2. What language does your child speak most often outside of school?
¿Que idioma habla mas frecuentemente fuera de la escuela?

3. What language do people usually speak in your home?
¿Que idioma se habla generalmente en su casa?

4. What month/year did the student enter the U.S.?
¿En que mes / ano entro el estudiante a los EE.UU.?

5. What month / year did the student enter Chattanooga?
¿En que mes / ano llego el estudiante a Chattanooga?

Parent's Signature
Firma de Padre



**Hamilton County Department of Education
Family Transition Education Program
2019-2020 Enrollment Screening**

****Student Name** _____ Grade ____ Age ____ School _____

Date of Birth _____ Gender (circle) Male / Female Exceptional Ed (circle) Yes / No

Race (circle) White Black Hispanic Asian Bi-Racial Other _____

****Student Name** _____ Grade ____ Age ____ School _____

Date of Birth _____ Gender (circle) Male / Female Exceptional Ed (circle) Yes / No

Race (circle) White Black Hispanic Asian Bi-Racial Other _____

****Student Name** _____ Grade ____ Age ____ School _____

Date of Birth _____ Gender (circle) Male / Female Exceptional Ed (circle) Yes / No

Race (circle) White Black Hispanic Asian Bi-Racial Other _____

Check one, please

Student and family currently lives with/in:

Relative ___ A shelter ___ A campsite ___ A vehicle ___ Non-relative ___ A motel/hotel ___

Other (please specify) _____

Reason for change in living situation: _____

Temporary Address _____

City _____ Zip _____ Phone _____

I, _____ (parent/legal guardian name), declare that I am the parent/legal guardian of the above named student(s), who is of school age and is seeking enrollment in the Hamilton County School District. Since _____ (date), our family has been in transition and has not had a permanent residence. Under penalty of perjury under the laws of the State of Tennessee, I declare that the information provided here is true and correct and of my own personal knowledge; and that if called upon to testify, I would be competent to do so.

Name of person completing form _____ Relationship to student(s) _____

Signature _____ Date _____

**Please return form to Alisha McLaughlin, Homeless Liaison,
Phone: 423.209.8499 Fax: 423.209.8656**

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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2019-2020