

**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.

2019-2020

## **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?

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2. What language does your child speak most often outside of school?

¿Que idioma habla mas frecuentemente fuera de la escuela?

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3. What language do people usually speak in your home?

¿Que idioma se habla generalmente en su casa?

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4. What month/year did the student enter the U.S.?

¿En que mes / ano entro el estudiante a los EE.UU.?

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5. What month / year did the student enter Chattanooga?

¿En que mes / ano llego el estudiante a Chattanooga?

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\_\_\_\_\_  
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 Parent Occupational Survey

In order to better serve your child, our school district wants to identify students who may qualify to receive additional educational services, such as tutoring, school supplies, free or reduced-price lunch, summer camps, and other services. The information provided below will be kept confidential. Please answer the following questions and return this form to your child's school.

<b>Today's Date</b>	<b>Parent/Guardian First &amp; Last Name</b>	
<b>Student First Name</b>	<b>Student Last Name</b>	
<b>School Name</b>	<b>Student Grade</b>	
<b>1. Have you or an immediate family member performed any of the jobs listed below temporarily or seasonally, in any part of the United States, in the past three years?</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes. Check all that apply and list the total number of months worked:		
		
<input type="checkbox"/> <b>Agriculture/Field Work</b> (planting, picking, sorting crops; soil preparation; irrigation; fumigation) <b>Total Months Worked:</b> _____	<input type="checkbox"/> <b>Processing &amp; Packaging</b> (fruit, vegetables, chicken, eggs, pork, beef) <b>Total Months Worked:</b> _____	<input type="checkbox"/> <b>Dairy/Cattle Raising</b> (feeding, milking, rounding up) <b>Total Months Worked:</b> _____
		
<input type="checkbox"/> <b>Nursery/Greenhouse</b> (planting, potting, pruning, watering, harvesting) <b>Total Months Worked:</b> _____	<input type="checkbox"/> <b>Forestry</b> (soil preparation, planting, cutting trees; landscaping not included) <b>Total Months Worked:</b> _____	<input type="checkbox"/> <b>Commercial Fishing &amp; Processing</b> (catching, sorting, packing, transporting) <b>Total Months Worked:</b> _____
<b>2. In the past three years, has your family moved to another state, city, school district, and/or county?</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes. How long have you resided in your current address? _____ Years      _____ Months      _____ Weeks		
<b>If you answered "Yes" to questions 1 and 2, please complete the information below.</b>		
<b>Home Street Address</b>		<b>Apt #</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number</b>		<b>Best Day of Week &amp; Time of Day to Call</b>
<b>For School Use Only:</b> Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.		
<b>Student State ID:</b>	<b>Enrollment Date:</b>	<b>District ID:</b>

## Encuesta Ocupacional de Tennessee

Para mejor servir a sus hijos, nuestro distrito escolar le gustaría identificar a estudiantes quienes pueden calificar para programas educacionales adicionales, como tutoría, materiales escolares, almuerzo gratis o a precio reducido, campamentos de verano y otros servicios. La información que proporcione será confidencial. Por favor conteste las siguientes preguntas y regrese este formulario a la escuela.

<b>Fecha</b>	<b>Nombre del Padre/Guardian</b>	
<b>Primer Nombre de Estudiante</b>	<b>Apellido de Estudiante</b>	
<b>Escuela</b>	<b>Grado</b>	
<b>1 ¿Durante los últimos tres años usted o alguien en su familia ha trabajado temporalmente o por temporadas en los siguientes trabajos en los Estados Unidos?</b>		
<input type="checkbox"/> No <input type="checkbox"/> <b>SI. Marque todas las que apliquen y enumere el numero de meses trabajados:</b>		
		
<input type="checkbox"/> <b>Trabajo de campo/Agricultura</b> (sembrar, plantar, pizar, cosechar, empacar, s ortear vegetales, frutas, algodón, etc.) <b>Total de meses trabajado: _____</b>	<input type="checkbox"/> <b>Procesamiento/Empaque de alimentos y carnes</b> (vegetales y carne de res, pollo, cerdo, etc) <b>Total de meses trabajado: _____</b>	<input type="checkbox"/> <b>Lechería/Ganadería</b> (Ordeñar, alimentar, acorralar) <b>Total de meses trabajado: _____</b>
		
<input type="checkbox"/> <b>Vivero/Invernadero</b> (sembrar, cultivar, plantar flores, plantas) <b>Total de meses trabajado: _____</b>	<input type="checkbox"/> <b>Trabajo Forestal</b> (sembrar, plantar, cultivar, cosechar arboles; paisajista no incluido) <b>Total de meses trabajado: _____</b>	<input type="checkbox"/> <b>Pesca/Procesamiento de Pescado</b> (sortear, empacar, pescado o mariscos) <b>Total de meses trabajado: _____</b>
<b>2. En los últimos 3 años su familia se ha mudado a otra ciudad, condado o estado?</b>		
<input type="checkbox"/> No <input type="checkbox"/> <b>SI. Cuanto tiempo lleva en su actual dirección?</b> _____ Años                      _____ Meses                      _____ Semanas		
<b>Si respondió "si" a las preguntas, porfavor llenar las siguientes preguntas.</b>		
<b>Domicilio</b>		<b>Apt #</b>
<b>Cuidad</b>	<b>Estado</b>	<b>Codigo Postal</b>
<b>Numero de Telefono</b>		<b>Mejor día de la semana y hora para llamar</b>
<b>For School Use Only:</b> Please send survey with two YES responses to your district migrant liaison. If you have questions, call (931) 212-9539 to speak with the Tennessee Migrant Education Program.		
<b>Student State ID:</b>	<b>Enrollment Date:</b>	<b>District ID:</b>