

Virginia Preschool Initiative Application

Lunenburg County Public Schools

P.O. Box 710, 1009 Main Street, Kenbridge, VA 23944

Please return by April 3, 2017 to be scheduled for screening on April 18, 2017.

The deadline date for this application is June 12, 2017 to be considered for the 2017-2018 Pre-K Program.

Any applications received after this date may be placed on a waiting list.

Lunenburg County Public Schools provides a preschool program for at-risk four year olds. The goal of the program is to provide a healthy learning environment that addresses the needs of preschool children whose **social or economic** conditions place them at risk of poor school performance.

Children are selected for this program on the basis of family need according to state guidelines.

This is not a first-come, first served program. Children must be four years of age on or before September 30th of the enrollment year to meet age requirements. Priority is given to children with the greatest number of at-risk criteria impacting their environment.

Our Pre K Program is held at Kenbridge Elementary School with children in the Victoria area being transported to Kenbridge.

Child's Name _____ Nickname _____
Last First Middle

Child's Birth Date (month/day/year) _____ Race _____ Gender _____

Parent/Guardian name _____ married ___ divorced ___ single ___

Complete 911 (Physical) Address _____

Complete Mailing Address (if different from above) _____

Home Telephone Number _____ Cell Phone _____

Child lives with _____

If child lives with only one parent, is there contact with the other parent? _____ Yes _____ No

Comments: _____

Do you own _____ rent _____ live with your parents (child's grandparents) _____ other (explain)

Explanation _____

If you are Guardian, do you have court approved/legal custody of this child? _____ Yes _____ No

What is your relationship to this child? _____

Is the child currently in foster placement? _____ Yes _____ No

Is the family military connected? _____ Yes _____ No

The following must be completed in order to be considered for the program:

OVER PLEASE >>>

Father's Employer _____ Phone _____

Mother's Employer _____ Phone _____

Annual Gross Income (before taxes) for the household.

Amount _____ per year _____ per month _____ per week _____

Please make a copy of one of the following forms and attach to this application: W-2 form, Paystub, IRS 1040 form or other legal proof of income.

Income in addition to amount shown above:	Amount
_____ Child Support	_____
_____ Disability	_____
_____ Other _____	_____

Services for child and/or family:	Currently Receiving	Received In Past	Never Received
Medicaid	_____	_____	_____
AFDC or SSI (Monthly Check from SS)	_____	_____	_____
Food Stamps	_____	_____	_____

Highest grade completed: by father _____ or GED
 Highest grade completed: by mother _____ or GED

Please list **everyone** living in the home below (an additional sheet of paper can be used)

Name and Age	Relationship to child
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Who cares for your child during the day? _____ Parent _____ Grandparent _____ Daycare

Will you or your family need an interpreter for communicating with school staff? _____ Yes _____ No

Parent or Guardian signature _____ **Date** _____

***Please remember to attach copies of your income.**

****We will need to see your child's original birth certificate before your child can be enrolled in Lunenburg County Public Schools.**

REMINDER: This is not a first-come, first served program. Applications will be screened to determine eligibility.