

**Virginia Preschool Initiative Application**

**Lunenburg County Public Schools**

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

**There will be a Pre K Information Session at KES on Thursday, April 12, 2018 at 5:30 p.m.**  
**You should plan to attend if you are applying.**

**Please return this application by April 9, 2018 to be scheduled for screening on our  
Pre K Screening Day on Monday, April 23, 2018.**

**The deadline date for this application is June 11, 2018 to be considered for the 2018-2019 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 30<sup>th</sup> 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:**

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.**