

Mecklenburg County Public Schools
Pre-School Application 2024-2025

Mecklenburg County Public Schools offers a pre-school developmental program for at-risk four-year olds. This program provides a healthy learning environment that addresses the needs of the pre-school children who may be at-risk of poor school performance. The program is small due to funding and enrollment is competitive. All who apply will not be enrolled. Students must qualify for enrollment. Those who qualify, but are not enrolled, will be placed on a waiting list.

Please print legibly and fill in ALL information requested as it will be used to help determine eligibility.

Date: _____

Name of school community in which you live.

- | | |
|--|---|
| <input type="checkbox"/> Chase City Elementary | <input type="checkbox"/> Clarksville Elementary |
| <input type="checkbox"/> LaCrosse Elementary | <input type="checkbox"/> South Hill Elementary |

Is your child attending school at present? _____ If so, where: _____

Name of Student: _____ ☐ Male ☐ Female
(Last) (First) (Middle)

Race: _____ Ethnicity/ Hispanic/ Latino: ☐ Yes ☐ No

Date of Birth: _____ Email Address: _____

Mailing Address:

911 Address (if different):

Father's Name: _____

(As shown on Birth Certificate)

Address: _____

Highest Grade Completed: _____

Place of Employment: _____

Phone Number: _____

Business Phone: _____

Mother's Name: _____

(As shown on Birth Certificate)

Address: _____

Highest Grade Completed: _____

Place of Employment: _____

Phone Number: _____

Business Phone: _____

Please check one:

☐ Parents Living Together ☐ Parents NOT Living Together

Student Lives With (if other than parent(s):

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Does the student have an active IEP? ☐ Yes ☐ No

Are you receiving assistance from Social Services and or Infant Toddler in the past ? ☐ Yes ☐ No

If so, what? _____

Parent/Guardian resident of Mecklenburg County? ☐ Yes ☐ No

Please list all persons living in the home.

Name	Age	Relationship
pre k student name:_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:

Internet Access

____ Internet access at home that allows for live streaming
____ Internet access at home but too slow for live streaming
____ No internet connection
____ Other
____ Public connection NOT at home (e.g., coffee shop, etc.)

Remote Instruction Device Access

____ Any Public Device (library, etc.)
____ No Device access
____ Personal (desktop, laptop, tablet, etc)
____ School provided (Chromebook, etc)
____ Shared with Family member (desktop, laptop, etc)
____ Smartphone only

Signature of Parent/Guardian completing this form: _____

CONFIDENTIAL INFORMATION

Include total gross annual income (before taxes) of the child's parent or parents (defined as parent, guardian, legal custodian, or other person having control or charge of the child – see VPI Income Criteria Guidelines).

Parent/Guardian (P/G) #1:	Weekly	X 52	= Annual Income				
	Every 2 weeks	X 26	=				
	Twice a month	X 24	=				
	Monthly	X 12	=				
	Other Income*						
Parent/Guardian (P/G) #2:	Weekly	X 52	= Annual Income				
	Every 2 weeks	X 26	=				
	Twice a month	X 24	=				
	Monthly	X 12	=				
	Other Income*						
*See VPI Income Criteria Guidelines for list							
Total Household Income	#1 P/G Income:	+	#2 P/G Income:	+	Other Income:	=	Total:

Certification

STUDENT NAME: _____

Number of people in household: ____ Children ____ Adults = ____ Total

Are you currently working for the same employer as documented on the W-2/tax form?

- P/G#1: Yes ____ No ____
- P/G#2: Yes ____ No ____

(If either P/G answered "No" above, current income information is needed to determine income eligibility.)

Do you have any other forms of income not reported on this document, such as rental income, trust fund, etc. **Y**____**N**____

I certify that all of the above information is true and correct and that all income is reported (if submitted). I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that the school/program will receive state funds based on the information I give. **I understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for a preschool program.**

(Signature of Parent/Guardian (Required for Consideration))

Date

Head Start Information:

I have received the sheet that explains the additional services that the Tri-County Head Start provides. **Initial** _____

As part of our participation in the coordinated enrollment process in Mecklenburg County, you understand your contact information will be shared with Head Start. **Initial** _____

Mecklenburg County VPI Income Verification Form

FOR OFFICE USE ONLY

VERIFICATION OF INCOME- Completed by MCPS Personnel

Income Verified By: _____ (Staff Member)

(Please print)

How Verified:

____ W-2 Form ____ Tax Form

____ Pay Stubs
(Salary)

____ SSI Verification
____ SNAP Verification
____ TANF Verification

____ Written statement from employer
____ Child Support

____ Social Security Benefits ____ Unemployment benefits ____ OTHER

I verify that I have examined ALL information: _____

Staff Signature

Date

Signature of school representative who received this application: _____

Date Application Received: _____

Complete information received:

☐ Current Immunization Record

☐ Birth Certificate # verified

☐ Physical Examination

☐ Address verified to be in correct school zone

Comments:

(Do not sign until everything is completed)

CERTIFICATION

I certify that all of the information that I provided is true and correct and that all income is reported. I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that deliberate misrepresentation of any of this information **will** disqualify my child from being considered for a preschool program.

Student Name: _____

Signature of Parent/Guardian (Required for Consideration)

Date

I verify that I have examined all information: _____

Staff Signature

Date

Mecklenburg County Public Schools
CRITERIA CHECKLIST FOR PRESCHOOL PROGRAMS

The following checklist may be used in the identification of children for Preschool Programs. Please check all items that are application to the applicant. **Parent or Guardian must sign this document for the application to be considered.** In order to be considered for our Preschool Program, we must collect data on the following criteria: (i) family income, (ii) homelessness, and (iii) the student's parents or guardians are school dropouts. Please complete this form to assist us in making eligibility decisions.

Income- For consideration in our program you are required to include the income of each person living in your home.

Number of people in household: _____

Household income 2023 W-2 pay stub,
TANF:

Staff Signature for Proof of income:

Environment- Check all that apply

- ☐ A resident of a public housing development
☐ Homeless/ transient/multi-family

Child Lives With (Must Check one)

- ☐ Foster care parent(s)
☐ Teenage parent(s) (currently)
☐ Guardian other than parent
☐ Single parent
☐ Both parents
☐ Parent(s)-in high school, list which parent

Family Information- Check all that apply

Parent	Child
<input type="radio"/> Did not complete high school <input type="radio"/> GED <input type="radio"/> Substance abuse <input type="radio"/> English as Second Language ELL <input type="radio"/> With a disability <input type="radio"/> Violence or incarceration <input type="radio"/> Special education <input type="radio"/> Abuse <input type="radio"/> Military Deployment	<input type="radio"/> Mental health concerns <input type="radio"/> Dental health concerns <input type="radio"/> Physical health concerns <input type="radio"/> Not potty trained <input type="radio"/> Developmental delay concerns <input type="radio"/> English as a Second Language ELL <input type="radio"/> Former Head Start <input type="radio"/> Current IEP <input type="radio"/> Undergoing evaluation <p style="text-align: center;">PARENT/GUARDIAN OBSERVATION OF CHILD- check all that apply</p> <input type="radio"/> Speech/language deficits <input type="radio"/> Aggressive Behavior <input type="radio"/> Failure to thrive <input type="radio"/> Withdrawn behavior <input type="radio"/> Physical disability

Child's Name _____

School ☐ Chase City Elementary☐ Clarksville Elementary☐ LaCrosse Elementary☐ South Hill Elementary

Age _____ years _____ months

VPI Criteria:

Income, based on guidelines _____% Check if 200% or less _____

Parent Drop-out or GED _____

Homelessness _____

SWD _____

Eligible for VPI _____ (if income is at or below 200%)

Local Criteria:

Single Parent _____ or Resides with Someone Other than Parent _____

Abuse/Neglect _____

Foster Care _____

ELL _____

Military Deployment _____

Parent Incarcerated _____

BDI Score is greater than 70 _____

Eligible for VPI with Local Criteria _____

Significant At-Risk Factors (5 points for each check mark above)

Total Points for At-Risk Factors

From BDI Screener:

Child's Chronological Age _____

Child's Age Equivalent _____ (5 points for each month delay)

Total Points

Funding Source ☐ VPI ☐ VPI - Local Criteria ☐ Title I