

# Scott County PreK

## HOW TO APPLY:

1. In an envelope, enclose **ALL 4 of the following**: (do not fold)
  1. Complete PreK Application
  2. Proof of income for all individuals contributing to the family - 2018 W-2 forms, SSA, 1099, SSI or two recent pay check stubs
  3. Copy of certified birth certificate (**not** what is issued at hospital & labeled mother's copy)
  4. Parent or guardian's proof of Scott County residence (a copy of driver's license, electricity bill, lease, deed, or property tax receipt) **or** proof of employment in Scott County (letter from employer or check stub)

2. Mail or drop off completed application by **June 7<sup>th</sup>**:

Scott County Public Schools  
VPI Program  
340 East Jackson Street  
Gate City, VA 24251



3. Schedule your child's School Entrance Physical (NOT DUE UNTIL FIRST DAY OF SCHOOL)  
*The Code of Virginia requires documentation of a comprehensive physical examination upon entry to public school. The physical examination must be completed by a qualified licensed physician, nurse practitioner, or physician assistant, and must be completed within 12 months prior to the date such child first enters public school. There is a Virginia specific form.*

**CALLING TO CHECK ON STATUS OF APPLICATION DOES NOT EXPEDITE THE PROCESS.**

Scott County School System's  
**2018-19 PreSchool Initiative**

There will be a possibility of 7 locations in Scott County. The locations will be selected based upon the number of registered students **AND** availability of space at an elementary school. We will make every effort to support the parents' residence location; but cannot guarantee placement for a specific location. Therefore, parents should select more than one location with a priority ranking.

Each program will follow the Scott County School System calendar. Transportation will be available to all locations but cannot be guaranteed based upon your residence and the location of selected PreK site. The maximum class size will be 18 students.



Applying does not guarantee enrollment, but each application received during this time will be reviewed equitably based on established criteria. If your student is not initially accepted, you will be placed on a waiting list.

YOU WILL BE NOTIFIED VIA MAIL BY JULY 12, 2019.

**Applying Criteria:**

- Each child must be 4 years old by **September 30 (no exceptions)** and not served by Head Start.
- Parents must either live, work, or own property/land in Scott County.
- First priority must be given to the State Mandated Criteria listed below BUT additional students will be accommodated:
  1. family income at or below 200 percent of poverty,
  2. homelessness,
  3. student's parents or guardians are school dropouts, or
  4. family income is less than 350 percent of federal poverty guidelines in the case of students with special needs or disabilities.

**SCOTT COUNTY PreK and Virginia PreSchool Initiative 2019-20**

Place a number **(1,2,3)** in order of preferred site location for your child:

	DUFFIELD PRIMARY		NICKELSVILLE ELEMENTARY
	HILTON ELEMENTARY		WEBER CITY ELEMENTARY
	FORT BLACKMORE		YUMA ELEMENTARY
	SHOEMAKER ELEMENTARY		

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRINT INFORMATION CLEARLY**

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**CHILD Information:** *first*                      *middle*                      *last*

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/20\_\_\_ = age today: \_\_\_\_\_

Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

girl     boy                      Nickname of child (if applicable): \_\_\_\_\_

**MOTHER/Guardian Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ lives with child:  yes  no

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Level of Education:  No Diploma/GED     High School Diploma/GED     Some College     College Graduate

Employer: \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Work #: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_

**FATHER/Guardian Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ lives with child:  yes  no

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Level of Education:  No Diploma/GED     High School Diploma/GED     Some College     College Graduate

Employer: \_\_\_\_\_ Hours/Week: \_\_\_\_\_ Work #: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_

Email address: \_\_\_\_\_@\_\_\_\_\_

**Household Information:**

TOTAL Number of Household Members: \_\_\_\_\_

TOTAL Annual GROSS Income: \$ \_\_\_\_\_ (this must be filled out)

List others living in household besides those listed on page 1:

Name:	Relationship to Child:	Date of Birth:	School Attending <i>(if applicable)</i>
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

Has your child attended Head Start?  yes  no

List any preschool or child care provider your child has attended: \_\_\_\_\_

Does your child have insurance?  yes  no If yes, name of insurance: \_\_\_\_\_

If your child does not live in Scott County, do you own property or land in Scott?  yes  no

Address of Property: \_\_\_\_\_

Does your child have health problems, or chronic conditions we should be aware of? If so, what are your concerns: \_\_\_\_\_

Does your child have special needs we should be aware of such as:

- Developmental Delay
- Autism
- Hearing Impairment
- Speech/Language Disorders
- Traumatic Brain Injury
- ODD, OCD, ADHD, ADD
- Visual Impairment

Do you receive housing assistance?  yes  no

Do any of the following apply to any of the members of your household?

- Homeless
- SSI
- Single Parent Household
- Migrant
- FAMIS
- School Drop Out
- Custody Orders
- Refugee
- Food Stamps/WIC
- Incarcerated
- English as a Second Language
- Physical Limitations