



SY2026 – 2027 PreK Round-Up Packet Completion Checklist

Student Name: _____

Read and Review:

- Documentation Needed for Enrollment
- Loudon County Schools Proof of Residency

Provide Documentation:

- _____ Provide a copy of your child's Official Birth Certificate (not the hospital copy)
- _____ Provide a copy of your child's health records and physical documentation (TN Immunization Form)
- _____ Provide a copy of a document as a form of proof of residency in Loudon County (See attached Loudon County Residency Informational Form for options)
- _____ A copy of proof of guardianship (See attached Loudon County Residency Informational Form)
- _____ Provide documentation of income (**required for Voluntary PreK, applications will not be considered without accurate documentation of income**).

Complete Forms and Sign:

- _____ Complete the attached Residency Verification Form or Alternate Residency Verification Form
- _____ Complete the attached 2026 – 2027 Loudon County Schools Registration Form

Children with medical or religious exemption to requirements:

Medical: Healthcare provider must indicate which specific vaccines are medically exempted (because of risk of harm) on the new form. Other vaccines remain required.

Religious: Requires only a signed statement by the parent/guardian that vaccination conflicts with their religious tenets or practices. If documentation of a health examination is required, it must be noted by the healthcare provider on the immunization certificate.

Homeless: No child or youth determined to be homeless shall be denied admission to any school or school facility if the child or youth has not yet been immunized or is unable to produce immunization records due to being homeless. ("Homeless" shall be read using the definition of "homeless children and youths" found within the McKinney-Vento Act.)



PARENT COPY

TN Voluntary PreK Program Acknowledgements
Loudon County Schools
2026-2027

These are the statements of VPK procedures acknowledged at the time of registration:

I understand that the TN VPK program is designed to give priority to income-eligible children. Following state guidelines, if space in the program is available other children may be considered from the waitlist.

I understand that if accepted into the VPK program, I may be expected to fill out a free/reduced lunch form.

I understand that I will be notified by mail (Postmarked by July 1) whether my child is accepted into the VPK program or will be placed on the waitlist. **If there is a change in my mailing address after submission of paperwork, I will notify the school system of the address change.**

I understand that I must live in Loudon County to attend VPK.

I understand that VPK is a voluntary program, but students are expected to be present at school each day school is in session unless the absence is excused. Chronic absence can result in removal from the VPK program.

If accepted, understand that I will be expected to provide transportation to and from school for my VPK student. I also understand that VPK pickup is earlier than normal pickup (please inquire at the school where you are registering about times).

Parent or Guardian Signature _____

Date _____



SCHOOL COPY

TN Voluntary PreK Program Acknowledgements
Loudon County Schools
2026-2027

Please initial by each statement to acknowledge and sign at the bottom of the page.

_____ I understand that the TN VPK program is designed to give priority to income-eligible children. Following state guidelines, if space in the program is available other children may be considered from the waitlist.

_____ I understand that if accepted into the VPK program, I may be expected to fill out a free/reduced lunch form.

_____ I understand that I will be notified by mail (Postmarked by July 1) whether my child is accepted into the VPK program or will be placed on the waitlist. **If there is a change in my mailing address after submission of paperwork, I will notify the school system of the address change.**

_____ I understand that I must live in Loudon County to attend VPK.

_____ I understand that VPK is a voluntary program, but students are expected to be present at school each day school is in session unless the absence is excused. Chronic absence can result in removal from the VPK program.

_____ If accepted, understand that I will be expected to provide transportation to and from school for my VPK student. I also understand that VPK pickup is earlier than normal pickup (please inquire at the school where you are registering about times).

Parent or Guardian Signature _____

Date _____

2026-2027 Loudon County Schools Registration

Student's Legal Last Name	Student's First Name	Student's Middle Name	Grade
Mother's Maiden Name:			
Student's Sex/ Race /	Student's Date of Birth	Student's Country of Birth	Student's City, State of Birth
Immigrant Yes or No	If yes, date of US entry	Student's First Language	Enrolled in TN school before? If Yes, Where?
Student's Home Address Street: City, State: Zip Code:		A.M. Arrival Information	P.M. Dismissal Information
		Bus Number:_____	Bus Number:_____ Load:_____
		Car Rider: Yes or No	Car Rider: Yes or No
		Day Care:_____	Day Care:_____
Guardian #1 Name	Guardian #1 Address	Guardian #1 Occupation	Guardian #1 Employer/ Location
Relationship:			
Guardian #1 Daytime Phone #	Guardian #1 Cell Phone #	Phone # for Skylert Calls	Guardian #1 Email Address
Guardian #2 Name	Guardian #2 Address	Guardian #2 Occupation	Guardian #2 Employer/ Location
Relationship:			
Guardian #2 Daytime Phone #	Guardian #2 Cell Phone #	Phone # for Skylert Calls	Guardian #2 Email Address
<u>Check Guardian #1 Highest Level Education:</u> Some high school_____ High School____or GED____ Some College_____ College_____	<u>Check Guardian #2 Highest Level Education:</u> Some high school_____ High School____or GED____ Some College_____ College_____	Please circle if you reside in any of the following circumstances: Campground Doubled Up with Another Family Hotel/Motel Shelter	
Please check one if either parent is: __Active Duty Military__ National Guard Military__ Reserve Military Dependent			
Please circle if this student attends any special classes during the school day:			
Physical Therapy	Special Ed	Math Intervention	Speech/Language Therapy
Occupational Therapy	Gifted	Reading Intervention	

****Please complete the back of this page****

2026-2027 Loudon County Schools Registration

Persons other than parents to be notified in case of emergency/authorized to check out student:

First Contact Name	Relationship	Home Phone #	Cell Phone #
			Work #

Second Contact Name	Relationship	Home Phone #	Cell Phone #
			Work #

Third Contact Name	Relationship	Home Phone #	Cell Phone #
			Work #

Special Health Concerns
and Medications:

Preferred Hospital:
Preferred Dr & Phone #:

Please list any *other* persons authorized to check out this student in an emergency or illness:

Please list the names of persons that live at this residence with this student:

Are there any issues or concerns about this student?

Please list names of anyone that specifically **CANNOT check out this student.**

If no one listed as authorized can be reached, I give my consent for the administration of any treatment deemed necessary by the above listed physician. If the preferred cannot be reached, I give my consent for the administration of any treatment deemed necessary by the Loudon County Medical Director. This authorization does not cover any major surgery unless the medical opinion of two other licensed physicians agree in the necessity of such surgery, before the surgery is performed. In the event a physician or others named on this form cannot be reached, school officials are authorized to take whatever actions are deemed necessary in their judgment for the health of the person listed on this form. I understand that it may be necessary to give information on this card to professionals if treatment is necessary. I will not hold the Loudon County Schools system financially responsible for emergency care and/or transportation of this person. I further give my consent for care to be administered in the school clinic for minor injuries and illnesses.

Guardian Signature_____

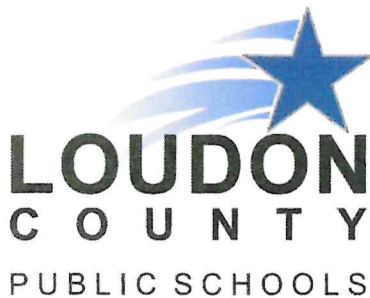
Date_____

Proof of Residency:

*If you live in your own home or apartment, please use the Loudon County Schools Proof of Residence/Residency Verification Form

*If you live with someone else, please use the Alternate Residency Verification Form

DO NOT COMPLETE BOTH FORMS



Loudon County Schools

Proof of Residence/Residency Verification Form

2026-2027

The Loudon County School District may only enroll students whose Parent(s) or Guardian(s) reside within the Loudon County boundaries. This form has been provided to help us verify the location of your residence. In cases in which residency is in question, the school may investigate by making a well-child visit. Residency verification is a parent responsibility. Please attach copies of the information requested below as that we may legally enroll/re-enroll your child in the Loudon School District.

Student Name: _____ DOB: _____ Grade: _____
(First Name) (Last Name)

Parent/Guardian Name: _____ Phone Number: _____

Address: _____
Residential Address City State Zip Code

Requirements for Residency Verification Form:	
	Current TN Driver's License, current State or Federal ID, passport, bank statement, employer verification of residence on company letterhead, current pay stub, work stub, or government benefits, current automobile, life, or health insurance policy; TN motor vehicle registration or title; current voter registration. (Name and address on ID <u>must match the name and address</u> on the other piece of residential verification evidence)
	Must have 1 of the following pieces of evidence <ul style="list-style-type: none">• Utility bill (LCUB, etc.) or similar bill, including but not limited to, telephone, electric, or water listing the name and address of the parent or guardian. *Other documents may be accepted at registrar's discretion, but <u>must be linked</u> to the residence and be in the name of the legal parent/guardian.• Rental agreement listing the name of the parent or guardian as the renter and specifies the residential address.• Loudon County property tax notice listing the name of the parent or guardian and the address of the property. This property must be the residence of the student.
	Is an alternate proof of residency verification form needed for this student? If yes, please attach notarized form.

Please do not sign this form if any statements above are incorrect.

I declare that the foregoing is true and correct.

Signature of Parent/Guardian: _____ Date: _____

Staff Only: Notes:	Staff Initials: _____ Date Received: _____
--------------------	--

Proof of Residence – Alternate

Loudon County Schools 2026-2027

ALTERNATE: RESIDENCY VERIFICATION FORM

This is to certify that the following are residing with me (PRINT names):

They have been residing with me since _____, _____ and will continue
Month Day Year
to reside with me until _____.
Month Day Year

PRINT Property Owner's Name

Property Owner's Signature

Residential Address

Phone Number(s)

City, State Zip Code

Child's Parent/Legal Guardian

I certify that the above information is true.

PRINT Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Notarized Statement

Subscribe and sworn to before me:

This _____ day of _____, _____.

Notary Public: _____

State of Tennessee

My commission expires: _____)))_____

SEAL

***Attach copy of parent/guardian's driver's license and additional proof of residency requirements (utility bill, property tax notice, rental agreement as stated on original proof of residency form).



For Office Use Only

Please Circle One

Income Eligible: Yes / No

If yes, and enrolled, student should be classified as
(L) in student information system

2026-2027

Application to Determine Income Eligibility for the Voluntary Pre-K Program

Completion of this form **DOES NOT** qualify your child for the Free or Reduced Meal Program.
this application is not a guarantee of acceptance into the VPK program.

Submission of

Name of Student: _____ Date of Application: _____

SSN of Student (optional): _____ Date of Birth of Student: _____

Name of Applicant: _____ Relationship to Student: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: () _____ Work Phone #: () _____ Cell Phone #: () _____

Part A - Family Information

Please list information for all other household members

Section 1

Name(s) of ALL OTHER CHILDREN in the Household	Date of Birth	School	Grade
1.			
2.			
3.			
4.			
5.			

Section 2

Name(s) of ALL OTHER ADULTS in the Household	Relationship to Student
1.	
2.	
3.	
4.	
5.	

Total # of household members: _____

Part B - Program Participation

Please check (✓) if Child /Family /Household member provides documentation of participation, in one or more of the following programs, currently or during past school year (*Documentation required-See Part D).

(✓)		(✓)		(✓)		(✓)		Case #
	Early Head Start		Foster Care		Migrant		Families First (TANF)	
	Head Start		Homeless		Food Stamps / EBT			

Part C - Total Household Income

Please list ALL INCOME of all household family members and how often income is received.

Any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal.

Income Instructions

From the list below, please write the Source of Income Code in the space provided to indicate the source(s) of income for each earning individual in the household. Also, please write the Monthly Payment or Wage Amount. Multiply the Payment or Wage amount by the number months you received the income and then calculate the Amount and the Total Annual Income.

Source of Income Codes							
A.	GROSS work income	D.	Pension(s)	G.	Veteran's Benefits	J.	SSI Disability
B.	Unemployment	E.	Retirement	H.	Child Support	K.	Other - please list ↓
C.	Workman's Comp	F.	Social Security	I.	Alimony		

Name of Adult	Employer (if applicable)	Source of Income Code (See list above)	Monthly Payment or Wage Amount	Multiplied by (X)	How many months did you receive this income in the last year?	Total Amount
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
			\$ -	X		\$ -
Total Annual (Yearly) Income						\$ -

Part D - INCOME VERIFICATION

Please check (✓) all documents submitted as Proof of Income or Program Participation.					
	Pay Stub / Verification of pay by employer		Retirement Documentation		Foster Care Reimbursement
	W-2 Form		Social Security		SSI Documentation
	Income Tax Form 1040A or 1040		Veteran's Benefit Letter		TANF Documentation
	Unemployment Compensation		Child Support		AFDC / Public Assistance Payment
	Workman's Compensation Documentation		Alimony Documentation		TennCare Verification
	Pension Stubs		Other (Specify): →		

I certify that the above information in this application is correct. I further understand that any falsification of information concerning income, residence, birth certificate and/or completion of this application and other forms may be reason for dismissal from Tennessee's Voluntary Pre-K Program.

Printed Name of Applicant: _____ SSN #: _____

Signature of Applicant: _____ Date: _____

Name and Signature of LEA employee reviewing this application

I certify that I have examined the above income documentation and verification information. Completed
forms must be maintained in accordance with FERPA.

Printed Name / Title of LEA employee: _____

Signature of LEA employee: _____

Date Reviewed by LEA employee: _____



PreK School Enrollment Preference

VPK is a voluntary program for PreK aged children residing in Loudon County. The scope of services for our program is to prioritize children from income-eligible families. The maximum class size is 20 students per class.

Please mark below your top 3 preferred school choices (Mark 1 for your 1st choice, 2 for 2nd, 3 for 3rd, etc.). If you are accepted into the program, we will offer you enrollment at your highest preference available. You can also choose to mark that you are only interested in enrolling if your 1st preferred school is available. We appreciate your consideration of additional schools if your schedule and transportation options make it possible.

Loudon County PreK Schools:

_____ Eaton Elementary School

_____ Greenback Public School

_____ Highland Park Elementary School

_____ Loudon Elementary School

_____ Philadelphia Elementary School

_____ Steekee Elementary School

_____ I am only interested in enrolling if my 1st choice school (marked above) is available.