



**ROANOKE CITY
PUBLIC SCHOOLS**

Strong Students. Strong Schools. Strong City.



APPLICATION FORM

School Year 2016-17

Roanoke City Preschool Programs

A collaboration between Roanoke City Public Schools and TAP Head Start

www.roanokepreschool.org

Applications are accepted year-round. Initial application review for Head Start is February to May for the 2016-17 school year. Initial application review for RCPS is February 1 – April 15 for 2016-17 school year. Educational home visits are a part of these programs.

Information will be handled confidentially. Please complete front and back of this form.

Child's Information:

Child's Name: First _____ Middle _____ Last _____

Nickname: _____ Male Female E-mail address: _____

Street Address: _____ City: _____ Zip: _____

Do you plan to move prior to the first day of school? Yes No Maybe

If yes, please list your new address: _____

Date of Birth: _____ Age: _____ Primary Language: _____

Parent's/Guardian's Name(s): _____

Telephone Numbers: Home: _____ Parent 1 Cell: _____ Parent 2 Cell: _____

Parent 1 Place of Employment/School: _____ Parent 1 Work Phone: _____ Total Hours per Week: _____

Parent 2 Place of Employment/School: _____ Parent 2 Work Phone: _____ Total Hours per Week: _____

Current Preschool or Child Care Center (if enrolled): _____

Is your child toilet trained? Yes No *(Toilet training is not a requirement for program acceptance.)*

Does your child have a disability or special need? Yes No

If yes, where does your child receive services? _____

(All programs accept children with disabilities or special needs. Children may be referred to the Roanoke City Public Schools REACH program.)

Do you have concerns about your child's development or behavior? Yes No

If yes, please describe your concerns: _____

Program Selection:

There are limited spaces available in all programs. Please consider my child for the following program. Check one:

- Roanoke City Public Schools VPI preschool program for 4 year olds (full-day hours, same as in elementary schools)
- Head Start full day services for 3 and 4 year olds (6:30am to 6:00pm available all year, 8:00am to 4:00pm is free)
- Head Start part-day services for 3 and 4 year olds (4½ hours daily during the school year)

If your child is not eligible for the program you selected, do you wish to be considered for another program listed? Yes No

Do you need transportation for your child to attend? Yes No Unsure

Will you obtain child care before/after the preschool program your child attends? Yes No Unsure

If yes, please list name and location: _____

The following are required for Head Start enrollment:

**Birth Certificate or Birth Letter *Current Physical Examination *Current Immunization Record*

For Roanoke City Public Schools only: Transportation is provided to/from your **CHILD'S HOME ADDRESS** or a **CHILD CARE ADDRESS** within your child's home school attendance zone **ONLY**. Transportation is **NOT** provided for children who submit transfer requests outside their home school zone. All school bus changes must be submitted to the preschool office no later than **JULY 8**.

*The following are required for school entrance by **JUNE 10, 2016**:*

***Birth Certificate *Current Physical Examination *Social Security number *Current Immunization Record *Proof of Residency**

FAMILY FACTORS

The information on this form is used to determine eligibility and to address family needs. TAP Head Start and Roanoke City Public Schools do not discriminate on the basis of race, color, national origin, sex, disability, or age in programs and activities.

Household Information:

Child's Name : _____

Person completing this form: _____ Relationship to child: _____

Who has legal custody of child? _____

Child lives with: One Parent Two Parents Foster Parents Other/Guardian (please specify): _____

Brothers and sisters in household under 18 years of age:

Full Name:	Age:	School/Preschool/Child Care Center :
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide parents' annual income: _____ (Documentation required)

Family Factors: Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Child is receiving Medicaid/FAMIS | <input type="checkbox"/> Incarcerated parent(s) |
| <input type="checkbox"/> Child has no health insurance | <input type="checkbox"/> Deceased parent |
| <input type="checkbox"/> Family receives TANF-Temporary Assistance for Needy Families (documentation required) | <input type="checkbox"/> Single parent family |
| <input type="checkbox"/> Child has a diagnosed disability | <input type="checkbox"/> Parent deployed in military |
| <input type="checkbox"/> Child has chronic illness (such as diabetes, asthma, etc.) | <input type="checkbox"/> Parent has a diagnosed disability |
| <input type="checkbox"/> Child was born prematurely/high risk pregnancy | <input type="checkbox"/> Parent has a mental illness |
| <input type="checkbox"/> Child is in foster care | <input type="checkbox"/> Chronic or terminal illness in family |
| <input type="checkbox"/> Child was in foster care | <input type="checkbox"/> Substance abuse in the household |
| <input type="checkbox"/> Child was in an orphanage | <input type="checkbox"/> Domestic violence in the home |
| <input type="checkbox"/> Child or family is in counseling | <input type="checkbox"/> Family uses English as a second language |
| <input type="checkbox"/> Teen mother or father at child's birth | <input type="checkbox"/> Parent/Guardian did not complete high school or receive a GED |
| <input type="checkbox"/> Homeless family (living in/with: street, car, shelter, hotel, friends/relatives) | <input type="checkbox"/> Current unemployment |
| | <input type="checkbox"/> Recent underemployment |

Is there anything else you would like us to know about your child or family? _____

I have reviewed this information and certify that everything above is correct, to the best of my knowledge. I understand that Roanoke City Public Schools and TAP Head Start work in partnership. I give permission for the release of information regarding my child's screening, eligibility, and enrollment between Roanoke City Public Schools and TAP Head Start. Information will be handled confidentially.

Signature of parent/guardian: _____ Date: _____

For Office Use Only: RCPS Home School (per Attendance Zone): _____ Age Verified (list age): _____
Application Received: Date: _____ Location: _____ Staff Name: _____
REACH Referral: Yes No Date Sent: _____
Transfer Request: Yes No Requested School: _____ Granted or Denied/ Reason: _____
Application Sent to Head Start/RCPS: Date: _____ Receiving Staff Name: _____
Student Information: School/Center Placement: _____ Enrollment Date: _____
Evaluator's Recommendation/Comments (be specific): _____
Additional Notes/Information: _____