

*Program Implementation is contingent on final funding being available. If funding is not available, there will be no program.

DUE:
May 15, 2020

**Appomattox County Public Schools
Bright Beginnings Program
for At-Risk Four Year Old
Children**

**Confidential Application
Form
2020-21 School Year**

This application must be accurately completed and returned to:

Appomattox Primary School
185 Learning Lane
Appomattox, VA 24522

All information is confidential. Completion does not guarantee acceptance to the program. Children in greatest need of services will receive priority admission. **ALL INFORMATION MUST BE COMPLETED AND BE ACCOMPANIED BY REQUIRED DOCUMENTATION. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED.**

Only children who turn four years old by September 30, 2020 will be considered.

I. CHILD'S INFORMATION

Name of Child _____ Preferred Name _____
Last First Middle

Gender _____ Race/Ethnicity _____ Date of Birth ____/____/____

Mailing Address _____ City _____ State _____ ZIP _____

911 Address (if different) _____ City _____ State _____ ZIP _____

Phone Number (____) ____ - ____ Cell phone (____) ____ - ____

Email Address: _____

Directions to Home _____

School (Head Start or Pre-K program) previously attended _____

II. HOUSEHOLD INFORMATION: You must include everyone who lives in the home (circle all that apply)

Person(s) With Whom Child Resides: Both Parents Mother Father Grandparent(s) Guardian(s)
Other Relatives Other Non-relatives Foster Parent(s)

Person(s) Legally Responsible for Child: Both Parents Mother Father Grandparent(s) Guardian(s)
Other Relatives Other Non-relatives Foster Parent(s)

Legal Custody Papers: ____ No ____ Yes (If yes, please submit a copy with application.)

Father's Name _____
Last First Middle

Address (if different from child's) _____ Phone Number _____

Place of Employment _____ Phone Number _____

Number of Years of School Completed _____

Mother's Name _____
Last First Middle

Address (if different from child's) _____ Phone Number _____

Place of Employment _____ Phone Number _____

Number of Years of School Completed _____

Foster Parent or Guardian's Name (if applicable) _____
Last First Middle
Place of Employment _____ Phone Number _____

Foster Parent or Guardian's Name (if applicable) _____
Last First Middle
Place of Employment _____ Phone Number _____

Grandfather's Name _____
Last First Middle
Place of Employment _____ Phone Number _____

Grandmother's Name _____
Last First Middle
Place of Employment _____ Phone Number _____

Other Adults Living in the Home
Name _____
Last First Middle
Relationship to child _____
Place of Employment _____ Phone Number _____

Name _____
Last First Middle
Relationship to child _____
Place of Employment _____ Phone Number _____

Other Children in Home	Name	Age	Name of School	Current Grade
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

III. CHILD'S HEALTH INFORMATION

Child's Doctor _____ Phone Number _____

Address of child's Doctor _____

Describe any mental or physical disabilities and other health concerns:

Is the child on any long-term medication? _____ If so, what? _____

Is the child able to take care of own bathroom needs? _____

IV. SOCIAL SERVICES INFORMATION

Has anyone in the home received: (Mark all that apply for each service)

<u>Services</u>	<u>Who?</u>	<u>Currently Receiving</u>	<u>Received in Past</u>	<u>Never Received</u>
TANF	_____	_____	_____	_____
Food Stamps	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____
Foster Care	_____	_____	_____	_____
Fuel Assistance Program	_____	_____	_____	_____
WIC	_____	_____	_____	_____

Other social services received. Explain please:

V. INCOME INFORMATION REQUIRED

List **all** sources of **gross monthly income** for **ALL** household members related to child. Countable income includes earnings, unemployment compensation, worker’s compensation, Social Security, Supplemental Security Income, public assistance, veteran’s payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, other miscellaneous sources. If either or both of applicant child’s parents are not living in the household, **the absent parent must provide verification of any funds paid** to the custodial parent/guardian (amount paid and frequency of payments).

Source: _____ Amount \$ _____

Source: _____ Amount \$ _____

Source: _____ Amount \$ _____

Source: _____ Amount \$ _____

Source: _____ Amount \$ _____

Source: _____ Amount \$ _____

Total **GROSS Yearly Income** is \$ _____. (Include/attach copy of **3 most recent paystubs or verification of any income source (do not use Income Tax documents)**. **I verify that the above information is true and complete to the best of my knowledge. I understand that the information provided above will remain confidential.**

Signature of Parent/Guardian: _____ Date: _____

Office Use Only: Birth Certificate Number: _____	
Place of Birth _____	(Check) Name: _____ SS #: _____ DOB: _____
Parent Information Complete: _____	Incomplete: _____
Additional Information Required: _____	

Signature: _____	Date: _____

IMPORTANT!!!

YOU WILL NEED THE FOLLOWING TO COMPLETE THIS APPLICATION:

➤ **Please check off items and attach to application for processing.**
These are required in order to process the application.

1. _____ Original of **Child's** Birth certificate (we need to see **Original State Issued Birth Certificate**)
2. _____ Copy of 3 most recent paystubs or verification for each reported income source (**do not use Income Tax documents**).
3. _____ School Entrance Physical*
4. _____ Proof of Residency:
 - A. Signed rental contract with address listed
 - B. Signed real estate contract with address listed
 - C. Current real estate tax receipt
 - D. Electric bill (whole bill)
 - E. Renter's or homeowner's insurance policy
 - F. If person does not rent or own, notarized statement (see attachment) from person with whom parent and student are living **and proof of residency from the owner**.
(Not acceptable- phone bills, P.O. Box, driver's license, car registration)

* A completed physical is required for **admission** into the four-year old program. It is not necessary, however, to submit the physical at the same time you submit the **application form**. Upon notification that your child has been accepted into the program, you will then be required to submit the completed physical. We will require the completed physical, including dates of immunizations, by **August 1, 2020**.

TO: Appomattox County School Board
316 Court Street
Appomattox, VA 24522

I do hereby swear/affirm that _____ and his/her children:
(printed name of tenant)

(Names of children) _____

are living with me at the following address:

which is within Appomattox County. They have been living with me since (date) _____.

If they move from this residence, I will notify the Appomattox County School Board within five (5) calendar days.

I understand that I may be required to show proof that I am the owner or tenant at this address.

I also understand that if this information is false and is used by the person named above to enroll his/her children in the Appomattox County Public Schools, that I may be subject to prosecution or other legal action for larceny.

DATE: _____ SIGNATURE: _____

PRINTED NAME: _____

The following certification must be executed by a Notary Public or other court official authorized to take acknowledgements. This form is not valid unless properly notarized.

State of _____ City/Council of _____ on _____
Month Day Year

This individual whose name is signed to foregoing instrument appeared before me, acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made an oath that the statements in the said instrument are true.

My commission expires on _____ Signature: _____

Printed name and address of Notary Public: _____
