

**Fentress County
Preschool Application
School Year
2009-2010**

_____ **Today's Date**

Child's Name: _____
Last First Middle Birth Date

Name child will be called at school: _____ Male/Female

Child's Social Security # _____ Telephone # _____

Address: _____
Street Apt# City State zip

Parent/Guardian's Name _____

Address _____

City/ST _____ zip _____

Mother's Maiden Name (required) _____

Required: Child's City of Birth _____ County of Birth _____
State of Birth _____ Country of Birth _____

My child will be 3 years old 4 years old 5 years old on Sept.30,2008
(Please circle correct age)

Please circle your school choice:

Allardt Pine Haven South Fentress York

(The recommended choice is where your child will attend Kindergarten)

The following information is needed to determine your child's eligibility for this program:

_____ Printed Name of Adult Head of Household Adult's Social Security #

Total # in the Household _____

Food Stamp or AFDC Case # _____

Gross Monthly Earnings (Before Deductions): \$ _____

Monthly Welfare, Pensions, Alimony,

Unemployment, Child Support or Social Security: \$ _____

Any Other Cash Income: \$ _____

Total Monthly Family Income: \$ _____

