

**CHILD INFORMATION**

Please complete this form accurately and legibly to ensure accurate processing.

Last Name

First Name

Date of Birth

Race

- Native American Indian or Alaskan
- Asian
- Black or African American
- White
- Pacific Islander/Hawaiian
- Other

Is the child Hispanic/Latino?

- Yes
- No

Male  Female

Is English the child's home language?

- Does the child have an IEP?
- Yes (please provide copy)
  - No

- Yes
- No

Please describe any medical or other concerns you have pertaining to your child.

**ADULT INFORMATION**

**Adult 1: Legal Guardian of Child (if parent, name must appear on birth certificate. If guardian, custody papers are required.)**

Last Name

First Name

Phone Number

Address

Apt. #

City/State/Zip Code

Relationship to Child:

- Biological Parent (Proof of Income required; Name must be on birth certificate)
  - Unemployed/Stay-at-Home Parent (MUST complete **Attachment A**)
- Legal Guardian (Custody Papers required; No Proof of Income required)

**Adult 2 (if applicable): This adult is a biological or step-parent living in the home. Other adults do not need to be listed.**

*\* Proof of Income or **Attachment A** MUST be included with application*

Name (Last, First)

Phone Number

Relationship to Child:

- Biological/Step-Mother
- Biological/Step-Father

**FAMILY CIRCUMSTANCES**

Please check all that apply.

- Active Military
- Parents Did Not Complete School
- Single Parent Home
- Domestic Abuse
- Parent Incarceration
- Parents were Teenagers at Time of Child's Birth
- Substance Abuse of Parent

**HOUSEHOLD INFORMATION**

Please list other children residing in the home.

Name	Age	Current School

In the event that space in NPS is not available, check this box if you are interested in being contacted by Head Start for possible enrollment in their preschool program.

The submission of this form to the Office of Early Learning/Title I indicates your desire for your child to be considered for enrollment in one of Norfolk Public Schools' preschool programs. By checking the Headstart box above, you authorize Norfolk Public Schools and Head Start/Office of Human Affairs to share the above information as part of the eligibility determination process. Your signature also indicates that the information provided is accurate to the best of your knowledge. *Applications received without the proper supporting documents will not be processed*. Acceptance into preschool is NOT first come, first serve; rather, it is determined by program eligibility requirements. **Parent Signature/Date** \_\_\_\_\_

# DOCUMENT WORKSHEET

Please complete to ensure you have the required documents. Failure to include all documentation will result in an incomplete application. **Incomplete applications WILL NOT be processed.** Please DO NOT send original documents.

## Proof of Residence

All perspective preschool students MUST reside in the city of Norfolk. The following information will help you determine which documents can be submitted as proof of address.

- ☛ If you are a resident of Norfolk Redevelopment and Housing Authority (NRHA), you can use your LIPH Resident Worksheet as proof of both residence and income.
- ☛ All leases/mortgages/utility bills must be in Adult 1 or Adult 2's name.
- ☛ Utility bills include electric, water/sewer, trash, gas. It DOES NOT include phone or cable bills.
- ☛ Paystubs, DMV mail, and other mailings cannot be used as a substitute for the above.
- ☛ Notarized Letters: In the event that Adult 1/2 resides with friends or family and do not have any of the accepted proofs of residence in their name, use **Attachment B: Leaseholder/Homeowner Affidavit** as accepted proof of residence.

### Accepted Proof of Residence Documents

- Lease/Mortgage
- LIPH Resident Worksheet
- Utility Bill
- Attachment B: Leaseholder Affidavit

## Proof of Income

In order to determine which of Norfolk Public Schools' preschool programs your child qualifies for, we need to collect income information for all families. Below is helpful information as you collect your proof of income.

- ☛ Income information is required for both Adult 1 and Adult 2 except in the cases of foster care or legal guardianship (court orders required for these cases).
- ☛ If you do not receive a traditional paystub, please complete **Attachment C: Employment Verification Form** and have your employer sign it.
- ☛ If either Adult 1 or Adult 2 is unemployed or is a stay-at-home parent, please complete **Attachment A: Unemployment Verification Sheet**
- ☛ If Adult 1 or Adult 2 receives income such as child support, SSI, or TANF in addition to job-related income, these MUST be provided as part of the application.
- ☛ Note: Although proof of income is required, being employed does not make your child ineligible for our programs. Determining eligibility is formula-driven based on both income and household size. Additionally, there are other qualifying factors outside of income.

### Accepted Proof of Income (Submit all that apply)

- Pay Stub (most recent)
- Attachment A: Unemployment Verification
- Attachment C: Employment Verification
- W2s or 1040
- Unemployment Benefits Statement
- SSI Statement
- TANF Statement
- Child Support Statement
- LIPH Resident Worksheet

## Birth Certificate

- ☛ Please provide a COPY of your child's birth certificate.
- ☛ Birth Letters cannot be accepted as a substitute for the birth certificate.
- ☛ Children born in other countries can submit a birth certificate from that country or a passport as proof of age.

### Proof of Age

- Birth Certificate

## Frequently Asked Questions

My child turns four in October. Can he be enrolled in one of the PK4 classes?

*To be eligible for our four-year-old programs, students must be four (4) by September 30, 2019. **There are no exceptions to this rule.***

Do I need to submit my child's shot records with my application?

*You do not need to submit these records to our department. If your child is offered a place in one of our programs, you will need to submit a physical (completed in the last 12-months) and shot records to the school before your child may begin.*

What is Headstart?

*Headstart is a federally-funded preschool program that is not directly affiliated with Norfolk Public Schools (NPS). NPS does work collaboratively with Headstart so that families can have both options for their child.*

Can I request a school other than my zone school (out-of-district request)?

*We do not accept out of district requests for preschool. However, students can request to attend one of our preschool centers at Berkley Campostella Early Childhood Center or Willoughby Early Childhood Center.*

Is transportation provided?

*Transportation is provided for our PK4 program ONLY. Students must live in an eligible transportation zone and attend the zone school to qualify (visit <https://www.npsk12.com/Page/1353> to see if your address is eligible for transportation to the zone school.)*

What are the income limits for qualify for preschool?

*Income is not the only qualifying factor for our preschool programs. Submit your application today so we can begin the process of determining eligibility within all of our various programs!*

**ATTACHMENT A: Unemployment/Stay-at-Home Parent Verification Form**

*This document to be completed ONLY if Adult 1 and/or Adult 2 are not employed.*

\_\_\_\_\_  
Adult Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Child's Name

Employment Status

- Currently Unemployed
  - Receive Unemployment Check
  - Receive SSI/Disability
  - Receive TANF
  - Receive Child Support
- Stay-at-Home Parent

*\* Please attach a copy of all above-checked documents as part of the application.*

I certify that the above information is accurate. Inaccurate information can void my child's application and/or placement in the Norfolk Public Schools' preschool program. I have included all required documents so that proof of income can be considered complete and part of the application record. I understand that failure to attach the requested documents will result in this application NOT being processed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ATTACHMENT B: Leaseholder/Homeowner Affidavit**

*This document to be completed ONLY if Adult 1 and/or Adult 2 are living with friends/family and do NOT have any other proof of address.*

I hereby affirm or swear that the adult(s) listed below and their children live in my residence at the following address\*:

*\*Notary: Please be sure to verify the address with a lease, mortgage, deed, or utility bill (gas, water, electric, trash).*

\_\_\_\_\_ Street Address

\_\_\_\_\_ City/State/Zip Code

Documentation Provided:

- Lease/Mortgage/Deed
- Utility Bill

Name of Parent/Guardian of Child on Application: \_\_\_\_\_

Name of Children Living at the Above Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that enrollment of the students named above is based on my statement and that if this statement is false, my child may be withdrawn from the program. I also agree to notify the school principal of any change in the residency of the above-named students within three days of such change.

\_\_\_\_\_ Printed Name of Leaseholder/Homeowner

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**NOTARY ONLY:**

**Notary: Please ensure that the Homeowner/Leaseholder provided a copy of the current mortgage/lease or a utility bill (electric, water, sewer, gas ONLY) as proof of residence.**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

State: \_\_\_\_\_ County: \_\_\_\_\_ My commission expires on \_\_\_\_\_.

Witness my hand in official seal:

\_\_\_\_\_ Notary Public

**ATTACHMENT C: Employment Verification**

*This document to be completed ONLY if you are employed but do NOT have a paystub or other proof of income.*

**Part I: Employee**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Child's Name (on application)

**Part I: Employer**

*\* To be completed ONLY if the employee does not receive paystubs*

The above-named person receives payment from me for (describe work):

\_\_\_\_\_

The person above is paid:

**Weekly**

Average Weekly Pay:

\_\_\_\_\_

**Monthly**

Average Monthly Pay:

\_\_\_\_\_

**Every Two Weeks**

Average Bi-Weekly Amount:

\_\_\_\_\_

**Per Job**

Rate of Pay per Job:

\_\_\_\_\_

Average Number of Jobs/Month:

\_\_\_\_\_

**Other**

*\*Please describe and include rate of pay.*

\_\_\_\_\_  
Employer's Name

\_\_\_\_\_  
Company Name, if applicable

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date