

Please print information clearly and completely.

Please read eligibility and frequently asked questions at www.ucps.k12.nc.us/Page/3039 or call the Title I office at 704-296-0152.

REQUIRED DOCUMENTS			
Your child's eligibility cannot be determined without these documents (check off below):			
<input type="checkbox"/> This Completed Application <input type="checkbox"/> Child's Birth Certificate <input type="checkbox"/> Child's Immunization Record <input type="checkbox"/> Two Proofs of Residency (current bill, utility bill or rental agreement)			
<input type="checkbox"/> Military Documentation (LES) (if applicable) <input type="checkbox"/> Proof of income for parents/step-parents/legal guardians residing with child (copy of paycheck, child support, alimony, W-2, tax return. For your privacy, please mark through your Social Security Numbers.)			
If applying only for Title I Pre-Kindergarten placement, proof of income is not required.			
CHILD INFORMATION			
Child's First Name:		Middle:	Last:
<i>Child is called (if different):</i> _____			
Complete Address: (Street, City, State, Zip Code)			
Age as of <u>AUGUST 31, 2019</u>	Child's Birthday: ____ / ____ / ____ Month Day Year	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Language Child Usually Speaks: *YOUR CHILD WILL BE ASSESSED IN THE LANGUAGE YOU LIST ABOVE
Race: (check ALL that apply): <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify): _____			
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			
Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____			
Has child attended childcare? <input type="checkbox"/> No <input type="checkbox"/> Yes Attended at 3 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Who cares for this child now? <i>List childcare site or situation:</i> _____			
Does your child have a chronic health condition or a significant health concern? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, please explain:			
Does your child have an active Individual Education Plan (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Has or does your child currently receive services for a special need or disability? <input type="checkbox"/> No <input type="checkbox"/> Yes *When? _____ *If yes, please explain needs, services received and location of services:			
Do you have a concern about your child's development (learning, speech, hearing or behavior)? <input type="checkbox"/> No <input type="checkbox"/> Yes *If yes, please explain:			
FAMILY INFORMATION			
<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Female Guardian		Full Name: _____	
Complete Address: (Street, City, State, Zip Code) <input type="checkbox"/> Same as child		Mailing Address: (if different from physical address)	
Primary / Preferred Language:			
Home Phone:		Work Phone:	
Cell Phone:			
Email:		Employer:	
		Weekly Gross: (before tax) \$	
<input type="checkbox"/> Employed <input type="checkbox"/> Looking for work <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending College <input type="checkbox"/> In High School/GED program <input type="checkbox"/> In Job Training <input type="checkbox"/> Other: _____		*If employed, how many hours do you work each week? _____	

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Male Guardian		Full Name:	
Complete Address: (Street, City, State, Zip Code) <input type="checkbox"/> Same as child		Mailing Address: (if different from physical address)	
Primary / Preferred Language:			
Home Phone:		Work Phone:	
Home Phone:		Cell Phone:	
Email:		Employer:	
		Weekly Gross: (before tax) \$	
<input type="checkbox"/> Employed <input type="checkbox"/> Looking for work <input type="checkbox"/> Unemployed <input type="checkbox"/> Attending College <input type="checkbox"/> In High School/GED program <input type="checkbox"/> In Job Training <input type="checkbox"/> Other: _____			*If employed, how many hours do you work each week? _____
List parents, step-parents, legal guardians, brothers, sisters, half brothers and sisters, step brothers and sisters living in child's home.			
Name			
Relationship to Child			
Age			
School Attending (if applicable)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
Total number of family members listed above (including Pre-K student): _____			
If you have children ages birth to five and reside in zip codes 28110, 28112, 28174 and 28103, sign up for a free monthly book mailed directly to your child(ren) from the Dolly Parton's Imagination Library™. Due to processing, the first book may arrive in 90-120 days.			
Visit www.smartstart.org/dpil-registration to register. If you do not have internet access, please call the Title I office at 704-296-0152 to request a form.			
EMERGENCY CONTACT INFORMATION			
Emergency Contact:		Relationship to Child:	
Home Phone:		Work Phone:	
Home Phone:		Cell Phone:	
ADDITIONAL PRE-KINDERGARTEN OPTIONS			
If my child is not accepted in the Title 1 Pre-K program with the Union County Public Schools, please pass my child's application to NC Pre-K, a free Kindergarten readiness program administered by the Alliance for Children. NC Pre-K classrooms are located in four and five star childcare sites in Union County.			
<i>Please check Yes or No</i>			
<input type="checkbox"/> Yes , my proof of income documents are attached with this application.			
<input type="checkbox"/> No (If applying only for Title 1 Pre-Kindergarten placement, proof of income is not required.)			
PARENT/LEGAL GUARDIAN CERTIFICATION AND SIGNATURE			
I certify that I am the parent/legal guardian of the child for whose name appears on this application. I certify that all the information contained in this application is true, accurate and complete to the best of my knowledge including income information. If at any time my family situation or contact information changes, I will notify your office. I understand that this is only an application for possible enrollment, and I will be notified if my child is accepted.			
Parent/Legal Guardian Signature (required): _____			
Signature			Date

Complete application packets will be accepted through **March 15, 2019** at any of our Title I Schools or faxed to the Title I Office at 704-296-5009.

Title I Schools

Benton Heights School of the Arts	Sardis Elementary
East Elementary	Union Elementary
Marshville Elementary	Walter Bickett Elementary
Rock Rest Elementary	Wingate Elementary
Rocky River Elementary	

Screening

Parents will be contacted by mail with a screening date and time by April 15, 2019. Screenings will be held at Walter Bickett Education Center, 501 Lancaster Avenue in downtown Monroe.