

Virginia Preschool Initiative

Portsmouth Public Schools  
PreK Registration  
Information Session

March 1, 2023

# Welcome & Introductions

# Session Overview

- Virginia Preschool Initiative Overview
- VPI Preschool & Funding Basics
- Eligibility Criteria
- Bright Start Program Snapshot
- Registration Procedures



Virginia Preschool Initiative

Virginia Preschool Initiative

# Virginia Preschool Initiative

- The years before a child enters kindergarten directly impact a child's ability to thrive in kindergarten and beyond.
- Early childhood programs in Virginia public schools provide a foundation for learning and academic success.

# What is the Virginia Preschool Initiative?

- VPI is a program that distributes state funds to schools and community-based organizations to provide high-quality preschool programs for at-risk four-year-olds not served by [Head Start](#).
- The purpose of the VPI grant is to reduce disparities among young children upon formal school entry and to reduce or eliminate those risk factors that lead to early academic failure.

# Virginia Preschool Initiative

To obtain state funding, PPS must develop a written local plan for programs that includes:

1. Provide a quality preschool education;
2. Comprehensive Health services;
3. Family engagement;
4. Equity for all children; and
5. Program operations & transportation

# Virginia Preschool Initiative

Our VPI/PreK program provides a high-quality preschool education for children that have been identified as at-risk.



# Virginia Preschool Initiative

*All applicants **MUST** be  
4 years old on or before  
September 30, 2023.*

# Eligibility Criteria

VDOE has eligibility criteria that each applicant ***MUST*** meet:

- At or below 200% of poverty
- Homelessness
- Student's parents or guardians are school dropouts
- Family income is above 200% but at or below 350% of federal poverty guidelines in the case of students with special needs or disabilities
- Students with disabilities (new requirement)
- Negative Covid-19 Impact

# Local (PPS) Eligibility Criteria

- Single parent home
- Military (active duty, deployment, veterans)
- Child being raised by someone other than a parent (Foster care included)
- English Language Learners (ELL)
- Parent incarceration
- Disabled parent/guardian
- Students with diagnosed special needs or disabilities

# Quality Preschool Education

*To improve kindergarten readiness in Virginia, all children need access to high-quality classroom interactions and instruction.*

## ***All VPI Programs must:***

- Be supported to use a vetted, evidence-based curriculum that is aligned with state standards. ***(Big Day for PreK)***

# Quality Preschool Education

- PPS must certify that our VPI program follows the established *Birth-to-Five Early Learning and Development Standards (ELDS)* in order to receive funding for quality preschool education.

# Quality Preschool Education

- VPI programs must use assessments to individualize their instruction to meet the needs of their students. (PALS & VKRP)
- All VPI programs must assess students using Virginia Kindergarten Readiness Program (VKRP) each fall and spring. VKRP includes PALS-PreK as the assessment for literacy.

# Bright Start Snapshot

- 3 Preschool Centers
- 27 Classes, 1 Title I Class @ Mt. Hermon
  - *Churchland* – 5 classes
  - *Mt. Hermon* – 12 classes
  - *Olive Branch* – 9 classes

# Bright Start Snapshot

- **3 administrators**
  - ***Mrs. Robyn McIntyre***, Churchland Preschool (located within Churchland Academy)
  - ***Dr. Pat Williams***, Mt. Hermon Preschool
  - ***Ms. Lois Rieckhoff***, Olive Branch Preschool

# Bright Start Snapshot

- *Steering Committee*
  - *Community partners*
- *1 Parent & Family Engagement Liaison*
  - *Ms. Deyeon Harper*

# Student Expectations

- Must have regular attendance (Come to school on time daily)
- Must meet all behavioral standards
- Toilet trained
  - *Summer workshop - TBD*

# VPI Classrooms

VPI classrooms that exceed benchmarks set by the VDOE are as follows:

- At least one teacher and one Instructional Assistant per classroom
- No class size can exceed 20 students

# Registration

# How Do I Register?

April 4<sup>th</sup> – May 25<sup>th</sup>

Visit [www.ppsk12.us](http://www.ppsk12.us) to schedule an in person registration appointment

# REGISTRATION DOCUMENTS

Only the legal parent/guardian may register the child and must have all of the following:



# Child's State or Military Birth Certificate

**CERTIFICATE OF VITAL RECORD**

**COMMONWEALTH OF VIRGINIA**  
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

(CERTIFICATION OF BIRTH)

Transcript of a record of birth secured by the Commissioner of the Revenue between 1883 and 1886 as required by Chapter 124, Page 848, Section 21, Code of 1873, Acts of 1882, and now in the keeping of the Virginia Division of Vital Records, in accordance with Chapter 118, Page 226, Acts of 1918.

PLACE OF BIRTH:	RUSSELL COUNTY, VIRGINIA	
PAGE:	12	LINE NUMBER: 7
NAME OF CHILD:	GEO. LARK	
DATE OF BIRTH:	APRIL 21, 1884	
RACE:	WHITE	SEX: MALE
BORN ALIVE OR DEAD:	ALIVE	
FATHER'S NAME:	MATHEW LARK	
FATHER'S OCCUPATION:	FARMER	
FATHER'S RESIDENCE:	RUSSELL COUNTY, VIRGINIA	
MOTHER'S NAME:	ELIZABETH LARK	
NAME OF INFORMANT:	MATHEW LARK	
RELATION OF INFORMANT:	FATHER	
COMMISSIONER OF THE REVENUE:	RO. H. LYNCH	
DATE RECORD FILED:	BETWEEN 1884 and 1886	

This is a certified copy of a record of birth as shown and correct reproduction of a record of the office issuing this and the original Department of Health, Commonwealth of Virginia.

Date Issued: April 18, 2008

This record should be used for identifying purposes only and not for other purposes unless otherwise indicated. Division of Vital Records, Department of Health, Commonwealth of Virginia.

**VOID WITHOUT WATERMANN OR IF ALTERED OR ERASED**

The child must be 4 years old on or before September 30th. No hospital birth certificates will be accepted.

# Court Ordered Custody Documentation

Plaintiff : IN THE COURT OF COMMON PLEAS  
: DAUPHIN COUNTY, PENNSYLVANIA  
: :  
vs. : NO. 2010 CV CU  
: :  
Defendant : CIVIL ACTION - CUSTODY

## ORDER OF COURT – PARENTING PLAN

AND NOW, this day of \_\_\_\_\_, 2014, [following a trial] [pursuant to an agreement] regarding the above-captioned parents' *[replace with "parties" throughout if non-parent is a party]* physical and legal custodial responsibilities of the[ir] minor child(ren), \_\_\_\_\_, DOB: \_\_\_\_\_, it is hereby ORDERED AND DECREED, in the child(ren)'s best interests that the "Parenting Plan" shall be as follows:

1. **Legal Custodial Responsibilities:** The parents shall jointly share their various legal custodial responsibilities for their child(ren).

a. Major parental decisions concerning their child(ren), including, but not limited to, their child(ren)'s health, medical, dental & orthodontic treatment, mental and emotional health treatment, education, religious training and moral upbringing shall be made jointly by the parents, after discussion and consultation with each other, with a view toward obtaining and following a harmonious parenting plan, not in their own individual best interests, but rather in their child(ren)'s best interests.

b. Absent an emergency, neither parent shall obtain medical care and/or have an initial interview with any health caregiver in the absence of the participation of the other parent.

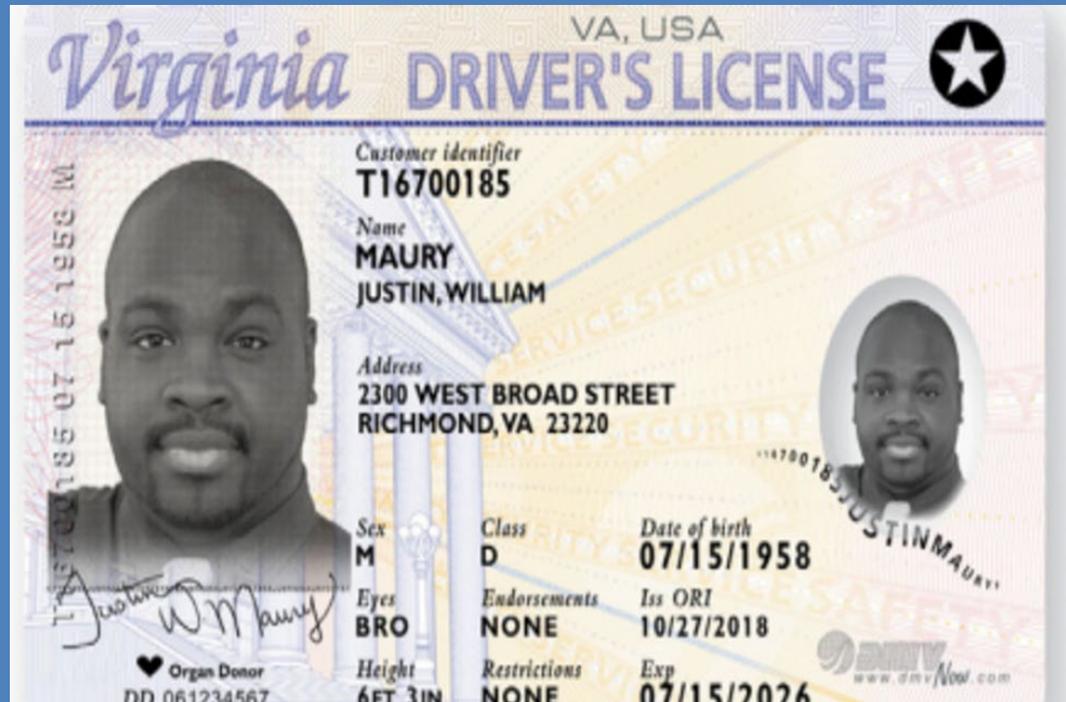
c. Any parent granted shared legal custody has the right to access the child's medical, dental, religious and school records, the address of the child and any other related information in accordance with 23 Pa.C.S.A. § 5336(a).

d. Each parent shall execute any and all legal authorizations so that the other parent may obtain information from their child(ren)'s schools, physicians, dentists, orthodontists, counselors, psychologists, or other similar individuals or entities concerning their child(ren)'s progress and welfare.

e. Both parents shall arrange for the child(ren)'s school to provide both parents identical information. Both parents shall provide to the other parent on a weekly basis, all school papers, projects, or other products of the child(ren)'s development, and mutually share these items as fully as possible.

If your name does not appear on the child's birth certificate, custody documentation is required.

# Legal Parent/Guardian Picture ID



Picture ID must match birth certificate or custody papers.

# Child's Physical Examination

**COMMONWEALTH OF VIRGINIA  
SCHOOL ENTRANCE HEALTH FORM  
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

**Part I - HEALTH INFORMATION FORM**

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. The parent or guardian completes this page (Part I) of the form. The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_  
 Student's Date of Birth: Last / / First State or Country of Birth: Middle Main Language Spoken: \_\_\_\_\_  
 Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Parent or Legal Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Work or Call: \_\_\_\_\_  
 Name of Parent or Legal Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Work or Call: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Work or Call: \_\_\_\_\_

Condition	Yes	Comment	Condition	Yes	Comment
Allergies (Food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Fried injury, contusions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bones problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic Fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.): \_\_\_\_\_

List all prescription, over-the-counter, and herbal medications your child takes regularly: \_\_\_\_\_

Check here if you want to discuss confidential information with the school nurse or other school authority.  Yes  No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Care Worker (if applicable)			

Child's Health Insurance:  None  FAMIS Plus (Medicaid)  FAMIS  Private/Commercial/Employer sponsored

I, \_\_\_\_\_ (do) \_\_\_\_\_ (do not) \_\_\_\_\_ authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Interpreter: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

MCH 213G revised 03/2014

# Child's Immunization Records

COMMONWEALTH OF VIRGINIA  
SCHOOL ENTRANCE HEALTH FORM

Part II - Certification of Immunization

Section I

To be completed by a physician or his designee, registered nurse, or health department official.  
See Section II for conditional enrollment and exemptions.

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form. Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name		Date of Birth:			
Last		First	Middle	Mo. Day Yr.	
IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
*Tdap booster (6 <sup>th</sup> grade entry)	1				
*Polio (IPV, OPV)	1	2	3	4	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4	
*Pneumococcal (PCV conjugate) *only for children <60 months of age	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
*Rubella	1	2	Serological Confirmation of Rubella Immunity:		
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5
Other	1	2	3	4	5

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

Signature of Medical Provider or Health Department Official: \_\_\_\_\_ Date (Mo., Day, Yr.): \_\_\_/\_\_\_/\_\_\_

# Proof of Residence - Part 1

## Lease Agreement, Mortgage Statement or Deed

State of \_\_\_\_\_ Rev. 133C5EE

### RESIDENTIAL RENTAL LEASE AGREEMENT

This Lease Agreement (this "Agreement") is made as of this \_\_\_\_\_, by and between \_\_\_\_\_ ("Landlord") and \_\_\_\_\_ ("Tenant"). Each Landlord and Tenant may be referred to individually as a "Party" and collectively as the "Parties."

**1. Premises.** The premises leased is \_\_\_\_\_ located at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ (the "Premises").

**2. Agreement to Lease.** Landlord agrees to lease to Tenant and Tenant agrees to lease from Landlord, according to the terms and conditions set forth herein, the Premises.

**3. Term.** This Agreement will be for a term beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ (the "Term").

**4. Rent.** Tenant will pay Landlord a monthly rent of \_\_\_\_\_ for the Term. Rent will be payable in advance and due on the \_\_\_\_\_ day of each month during the Term. The first rent payment is payable to Landlord when Tenant signs this Agreement. Rent for any period during the Term which is for less than one month will be a pro rata portion of the monthly installment. Rent will be paid to Landlord at Landlord's address provided herein (or to such other places as directed by Landlord) by mail or in person by one of the following methods: and will be payable in U.S. Dollars.

**5. Guaranty.** \_\_\_\_\_ located at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ ("Guarantor") promises to unconditionally guarantee to Landlord, the full payment and performance by Tenant of all financial duties and obligations arising out of this Agreement. Guarantor agrees to joint and several liability with Tenant for Tenant's financial duties and obligations under this Agreement including rent, damages, fees and costs. Guarantor further agrees that this guaranty shall remain in full force and effect and be binding on Guarantor until this Agreement is terminated.

**6. Late Fee.** Rent paid after the \_\_\_\_\_ day of each month will be deemed as late; and if rent is not paid within \_\_\_\_\_ days after such due date, Tenant agrees to pay a late charge of \_\_\_\_\_.

**7. Additional Rent.** There may be instances under this Agreement where Tenant may be required to pay additional charges to Landlord. All such charges are considered additional rent under this Agreement and will be paid with the next regularly scheduled rent payment. Landlord has the same rights and Tenant has the same obligations with respect to additional rent as they do with rent.

**8. Utilities.** Tenant is responsible for payment of all utility and other services for the Premises.

**9. Security Deposit.** Upon signing this Agreement, Tenant will pay a security deposit in the amount of \_\_\_\_\_ to Landlord. The security deposit will be retained by Landlord as security for Tenant's performance of its obligations under this Agreement. The security deposit may not be used or deducted by Tenant as the last month's rent of the Term. Tenant will be entitled to a full refund of the security

### Mortgage Statement (sample)



Return Mail  
P.O. Box 0000  
City, State 00000-0000

#### Monthly Mortgage Statement

Statement Date 05/04/2009  
Loan Number 00000000

#### 4 Customer Service

Online  
youraccountonline.com

Fax (000) 000-0000 Telephone (800) 000-0000

Correspondence P.O. Box 00000 City, State 00000-0000 Hours of Operation Mon - Fri 8 am - 6 pm

Payments P.O. Box 00000 City, State 00000

#### 5 Message Area

1-28  
\*\*\*\*AUTO 5-DIGIT \*\* 00000

JOHN Q. PUBLIC  
1234 ANY STREET USA  
CITY, STATE 00000-0000

#### 1 Summary

	Property Address
Payment (Principal and /or interest, Escrow)	1234 ANY STREET USA
Optional Product(s)	CITY, STATE 00000
Current Monthly Payment 06/01/2009	\$0,000.00
	Unpaid Principal Balance \$000,000.00
	(Contact Customer Service for your payoff balance)
Overdue Payments	\$0.00
Unpaid Late Charge(s)	\$0.00
Other Charges	\$0.00
TOTAL PAYMENT DUE 06/01/2009	\$0,000.00
	Interest Rate 0.000%
	Interest Paid Year-to-Date \$0,000.00
	Taxes Paid Year-to-Date \$0,000.00
	Escrow Balance \$0,000.00

#### 3 Activity Since Your Last Statement

Date	Description	Total	Principal	Interest	Escrow	Late Charge	Other
05/01	PAYMENT	\$0,000.00	\$000.00	\$0,000.00	\$0,000.00		
04/10	COUNTY TAX PMT	\$000.00			\$000.00	COUNTY	

Top Margin  
Deeds.com

### REAL ESTATE DEED [Title Section]

[Executed Section]  
This real estate deed executed on the 5th day of January, 2055,

[Grantor's Section]  
by the Grantor, Tim John Williams whose mailing address is 1234 Main Street, Anytown, Anystate, 55555-6253  
[Grantee's Section]  
to the Grantee, Jane Doe whose mailing address is 4567 Main Street, Anytown, Anystate 55555-6253.

[Habendum Section]  
WITNESSETH, That the said grantor, for good and valuable consideration, the receipt of which is hereby acknowledged, does hereby remise, release and quitclaim unto the said Grantee forever, all the right, title, interest, and claim which the said Grantor has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of Anycounty, State of Anystate, to wit:

[Legal Description Section]  
Beginning at a point (POB) on the North side of James Street 50 feet East from the corner formed by the intersection of the East boundary of Peter Road and the North boundary of James Street; thence East 90 degrees 200 feet; thence North 300 feet; thence West 200; thence direct to the POB;

[Signor's Section]  
IN WITNESS WHEREOF, the said Grantor has signed and sealed these presents the day and year first above written.

Signed, sealed and delivered in presence of:

[Notary Section]

*Tim John Williams*  
Tim John Williams (Grantor)



Lease must be within the past year.  
Mortgage statement must be within the past 30 days.

# Proof of Residence - Part 2, Utility Bill

Jan 14, 2022

Customer Bill

DOMINION CUSTOMER

123 SAMPLE WAY  
RICHMOND, VA 23219

**Billing and Payment Summary**

Account #	0011000100	Due Date:	Feb 08, 2022
Total Amount Due:	\$		150.64

To avoid a Late Payment Charge of 1.5% please pay by Feb 08, 2022.

Previous Amount Due:	\$	128.19
Payments as of Jan 14:	\$	128.19 CR

*For service emergencies and power outages, please call 1-866-DOM-HELP (1-866-366-4357). Visit us at www.dominionenergy.com*

**Meter and Usage**

**Usage History**

Current Billing Days: 30

<b>Billable Usage</b>	
Schedule 1	12/15-01/14
Total kWh	1254

<b>Measured Usage</b>	
Meter: 00023456789	12/15-01/14
Current Reading	72451
Previous Reading	71479
Total kWh	1254

Mo	Yr	kWh
Jan	21	838
Feb	21	805
Mar	21	981
Apr	21	1415
May	21	1345
Jun	21	1037
Jul	21	972
Aug	21	731
Sep	21	795
Oct	21	811
Nov	21	954
Dec	21	857
Jan	22	1254

Visit 'Manage Account' at DominionEnergy.com or call us to join our AutoPay program. It is a free service.

Mailed on Jan 14, 2022

Please detach and return this payment coupon with your check made payable to Dominion Energy Virginia. Please see reverse side for mailing address change instructions.

**Payment Coupon**

Bill Date Jan 14 22

Please Pay by 02/08
\$150.64

Amount Enclosed

Account No. 0011000100

DOMINION CUSTOMER  
123 SAMPLE WAY  
RICHMOND, VA 23219

Send Payment to:

DOMINION ENERGY VIRGINIA  
P O BOX 26543  
RICHMOND, VA 23290-0001

Explanation of Bill Detail	
<b>Customer Service</b>	<b>1-866-DOM-HELP</b> (1-866-366-4357)
Previous Balance	128.19
Payment Received	128.19 CR
<b>Balance Forward</b>	<b>0.00</b>
<b>Residential (Schedule 1)</b> 12/15-01/14	
Distribution Service	33.21
Electricity Supply Svc (ESS)	
Generation	59.04
Transmission	20.81
Fuel	25.85
Rider RGGI Regional GHG Initiative	1.40
Non-Bypassable Charges	
Rider CE Clean Energy Projects	0.24
Rider RPS Renewable Energy Pgm	0.23
Rider CCR Coal Ash Closure	3.89
Rider PIPP Universal Service Fee	0.04
Sales and Use Surcharge	0.36
State/Local Consumption Tax	1.97
RICHMOND Utility Tax	4.00
<b>Total Current Charges</b>	<b>150.64</b>
<b>Total Account Balance</b>	<b>150.64</b>

To better understand how your bill is calculated, visit [www.dominionenergy.com/yourbill](http://www.dominionenergy.com/yourbill)

888 0011000100 1000015064 0000015064 91

0011000100 PAGE 1 of 1 00011 N

Utility bill must be within the past 30 days .

# Residency Verification Form



## Bright Start Preschool Enrollment Residency Verification Form

Parents/Guardians who are seeking to enroll students into the Bright Start Preschool Program, and are currently residing in someone else's home, must complete this form to verify residency. The form must be notarized and submitted to the preschool registration office with a copy of one of the home owner's current utility bills, along with either a deed, mortgage statement, or lease.

### **Residency Verification Information** **TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC**

#### **Parent/Guardian Information**

I, \_\_\_\_\_, am requesting enrollment of my child, \_\_\_\_\_ into the Portsmouth Public Schools Bright Start Preschool Program. I verify that the above named child and I live at the home of \_\_\_\_\_, at the following address in Portsmouth, \_\_\_\_\_, and have since the date of \_\_\_\_\_.

I hereby certify that the information I provided above is true and accurate to the best of my knowledge. I am aware and understand that personnel from the Department of Student Services can verify residency requirements through investigation if there were at any time a question of current residency.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

#### **To be completed by the person(s) the parent(s) & child(ren) reside with**

I certify that the above named person, \_\_\_\_\_ and his/her child \_\_\_\_\_ live in my home, at the following address in Portsmouth, \_\_\_\_\_, and have since the date of \_\_\_\_\_.

I hereby certify that the information I provided above is true and accurate to the best of my knowledge. I am aware and understand that personnel from the Department of Student Services can verify residency requirements through investigation if there were at any time a question of current residency.

\_\_\_\_\_  
Signature of Home Owner (person parent & child are residing with)

\_\_\_\_\_  
Date

#### **Notary Public Information**

On this \_\_\_\_ day of \_\_\_\_\_ in the year of 20\_\_\_\_, I certify that I, \_\_\_\_\_ a Notary Public Official have duly signed to the statements above and verify that the individuals have presented proper identification for confirmation of correct signatures.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Seal

\_\_\_\_\_  
My Commission Expires

If you do not own/lease and your name does not appear on the mortgage/lease, you must complete a residency verification form and provide a utility bill (within 30 days) as well as one on the following Deed, Mortgage or Lease.

# Proof of Total Household Income for 2022

- 2022 Tax Return
- Pay Stubs
- Unemployment Statements
- Child Support Statements
- Verification Eligibility Letter with gross income

# Confidential Eligibility Application

**Portsmouth Public Schools Preschool Registration  
2022–2023  
Confidential Eligibility Sheet**

**Please Print**

Child's Name  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Apt. No. \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
Telephone Numbers & Email Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Please check all that may apply to your family or child.**

<b>Family Status</b> Age of mother at time of birth: <input type="checkbox"/> 15 or under <input type="checkbox"/> 16-19 <input type="checkbox"/> 20-44 <input type="checkbox"/> 45+ <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Grandparent(s) with custody <input type="checkbox"/> Guardian/Foster Parent Language other than English spoken at home: _____
<b>Family Information</b> The Child: <input type="checkbox"/> Current IEP <input type="checkbox"/> Evaluated for Child Study <input type="checkbox"/> Referred by Pediatrician for speech or Developmental Delay The caregiver's home is or has experienced: <input type="checkbox"/> Violence <input type="checkbox"/> Homelessness <input type="checkbox"/> Military Deployment <input type="checkbox"/> Divorce <input type="checkbox"/> Legal Incarceration <input type="checkbox"/> Other _____
<b>Education Status of Household Parents: Choose highest level completed</b> Mother <input type="checkbox"/> Elementary <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree Father <input type="checkbox"/> Elementary <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Degree
<b>Employment Status of Household</b> Mother place of employment _____ <input type="checkbox"/> Mother unemployed Father place of employment _____ <input type="checkbox"/> Father unemployed <input type="checkbox"/> Grandparent Receiving Assistance <input type="checkbox"/> Guardian/Foster Parent Receiving Assistance
<b>Income assistance: The caregiver's home is:</b> <input type="checkbox"/> Receiving SNAP <input type="checkbox"/> Receiving TANF <input type="checkbox"/> Receiving Public Housing Assistance <input type="checkbox"/> Receiving SSI <input type="checkbox"/> Receiving Survivors Benefits <input type="checkbox"/> Receiving WIC <input type="checkbox"/> Receiving Child Support <input type="checkbox"/> Other _____

Household Yearly Income: \_\_\_\_\_ Number of people living in the household: \_\_\_\_\_  
*(Please include all salary, unemployment, workman's compensation, social security, child support, and pensions.)*

Income Verification: \_\_\_\_\_

I certify that all of the above information is true and correct and that all income is reported (if submitted). I understand that if any of this information changes, I am obligated to notify the program immediately. I understand that the school/program will receive state funds based on the information I give. I understand that deliberate misrepresentation of any of this information may disqualify my child from being considered for a preschool program.

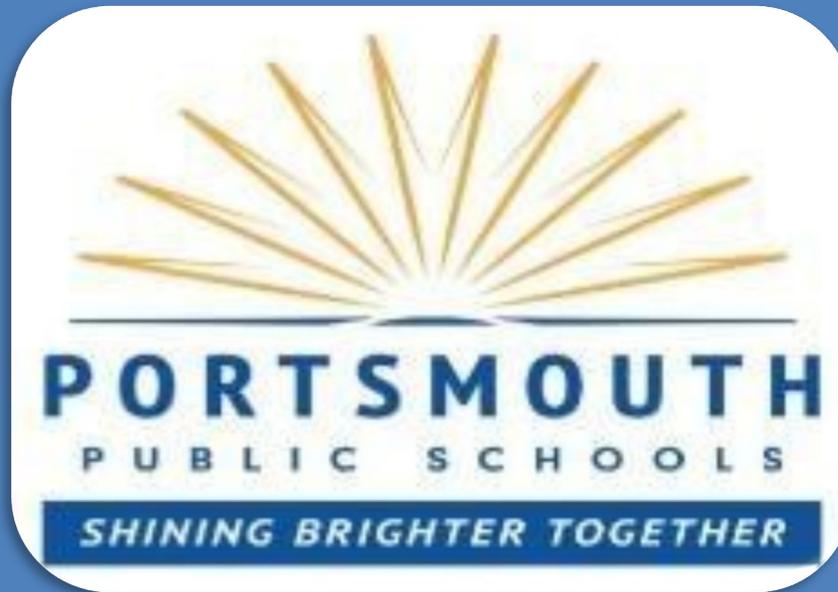
\_\_\_\_\_  
(Signature of Parent/Guardian (Required for Consideration) \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for applying for our preschool program. Completing this application process does not guarantee acceptance in the program. You will be notified on or before July 8, 2022 regarding your child's acceptance.**

Assigned Number \_\_\_\_\_ Office Use Only Total Score \_\_\_\_\_

I verify that I have examined ALL information: \_\_\_\_\_  
Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Once all registration documents are received, applications will be reviewed and assessed based on eligibility criteria and program space availability. Families will be notified by mail in July regarding application acceptance.



For any questions, please call (757) 393 -5128  
or email [ppsprek.register@portsk12.com](mailto:ppsprek.register@portsk12.com)

