

**TROUSDALE COUNTY SCHOOLS
AFTERSCHOOL ACADEMY APPLICATION
2020-2021 SCHOOL YEAR**

GENERAL PROGRAM INFORMATION: The Afterschool Academy program is for students in Kindergarten through Fifth Grade. Hours for the program will be: 2:30 p.m. until 5:30 p.m. daily, based on student classroom release. Parents should plan on students attending a *minimum* of **two days per week (Monday-Friday)** for at least **2 hours** per day. The program will only operate on the days that school is in session. On the days schools close early for any reason, the program will not operate.

I am requesting a place in the Afterschool Academy for the following students:

	<i>Last Name</i>	<i>First Name</i>	<i>Birth Date (M/D/Y)</i>	<i>Grade</i>	<i>Teacher's Last Name</i>
1					
2					
3					
4					

Parents **must complete** the form on the 2nd page (or back if printed) of this application completely to determine if their family meets the federal income guidelines to be eligible scholarships to the Academy. To keep the scholarship, students must maintain satisfactory attendance and behavior reports. Families who do not qualify for a scholarship will pay \$5 per day for the Afterschool Academy.

_____ I am applying for a scholarship for my child (children) to attend the Afterschool Academy.
(You must complete the scholarship section on the next page of this form to apply.)

_____ I am **not** applying for a scholarship for my children to attend the Afterschool Academy.

I am applying for my child to attend the Afterschool Academy based on the following criteria. (You **must check at least one** of the items below):

The child (or children) above is (are) in need of afterschool because he/she:

- Has one or more parents is working or attending school.
- Qualifies for free/reduced lunch.
- Is at risk of educational disadvantage and failure due to circumstances of abuse, neglect or disability.
- Is at risk of state custody due to family dysfunction (or already removed from the home).
- Is at risk of failing one or more subjects or are behind grade level by at least one year.

Parent/Guardian Information

Parent/Guardian Names: _____

Address _____
Number Street Apt. # Town/City Zip

Mailing Address _____
(If different) Number Street Apt. # Town Zip

Parent Email Address: _____

Telephone Numbers: (C) _____ (W) _____ (Other) _____

I agree to abide by all program guidelines if my child (children) is/are accepted into the Afterschool Academy.

Parent Signature

Date

IF your student is accepted into the program, PRIOR TO attendance, a Parent / Guardian must attend a MANDATORY Orientation and complete additional paperwork.

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2020-2021 Afterschool Scholarship Application

**Trousdale County Afterschool Academy
115 Lock Six Road
Hartsville, TN 37074
(615)374-0907**

Parent(s) Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Please list all children who live in your home, even if they do not attend school.

Child's Legal Name (On Birth Certificate)	Date of Birth	School (If attending)	Grade
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____

TOTAL # CHILDREN + ADULTS IN HOME: _____

Please check the box below that represents your annual Gross Income (before taxes):

- | | |
|--|--|
| <input type="checkbox"/> Less than \$23,607 | <input type="checkbox"/> Between \$56,759 and \$65,046 |
| <input type="checkbox"/> Between \$23,608 and \$31,894 | <input type="checkbox"/> Between \$65,047 and \$73,334 |
| <input type="checkbox"/> Between \$31,895 and \$40,182 | <input type="checkbox"/> Between \$73,335 and \$81,622 |
| <input type="checkbox"/> Between \$40,183 and \$48,470 | <input type="checkbox"/> Between \$81,623 and \$89,910 |
| <input type="checkbox"/> Between \$48,471 and \$56,758 | <input type="checkbox"/> Over \$89,910 |

Statement and Signature: *(An adult member of this household must sign this application below after reading the statement).*

I hereby certify (promise) that all of the information on this application is true and that all of my (our) income is reported. I understand that the school/program may receive federal and state funding based on the information I have provided.

Sign Here: _____

Date: _____