

**TROUSDALE COUNTY SCHOOLS
AFTERSCHOOL ACADEMY APPLICATION
2021-2022 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 four 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 that schools close early for any reason, the program will not operate.

I am requesting a place in the Afterschool Academy for the following students. Please attach an addition page if more room is needed:

	<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
Please Print Clearly

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 attending, a Parent / Guardian must attend a MANDATORY Orientation and complete additional paperwork.

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2021-2022 Afterschool Scholarship Application

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 AND ADULTS IN HOME: _____

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

- | | |
|--|--|
| <input type="checkbox"/> Less than \$23,826 | <input type="checkbox"/> Between \$57,425 and \$65,823 |
| <input type="checkbox"/> Between \$23,827 and \$32,227 | <input type="checkbox"/> Between \$65,824 and \$74,222 |
| <input type="checkbox"/> Between \$32,228 and \$40,626 | <input type="checkbox"/> Between \$74,223 and \$82,621 |
| <input type="checkbox"/> Between \$40,627 and \$49,025 | <input type="checkbox"/> Between \$82,622 and \$91,021 |
| <input type="checkbox"/> Between \$49,026 and \$57,424 | <input type="checkbox"/> Over \$92,021 |

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

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.

Signature: _____

Date: _____