

For Office Use Only:
Date received: _____
Received by: _____

- Applications accepted from March 1 – May 1; decisions made by June 1
- VPI Program is for at-risk four year olds (age 4 by September 30)
- All children must be toilet trained without the use of pull ups
- The limited available seats are based a set of criteria & a follow-up with our school social worker to determine needs
- After acceptance in the program, the child will need to be formally registered & screened to finalize the acceptance

Child's Name _____
Last
First
Middle

Date of Birth ____/____/____ Gender _____ Nickname _____

Parent/Guardian Name(s) _____

Day Phone _____ Evening/Cell phone _____ Email _____

Home Address _____
Street
City
Zip

Income Verification: application must include copy of required income form for verification (last year's income return or last year's W-2). Please attach a copy to this application.

	Household Size	100%	130%	200%	350%
1. How many people are in your household? _____	1	\$12,060	\$15,678	\$24,120	\$42,210
	2	\$16,240	\$21,112	\$32,480	\$56,840
	3	\$20,420	\$26,546	\$40,840	\$71,470
2. What is your annual gross income? _____	4	\$24,600	\$31,980	\$49,200	\$86,100
	5	\$28,780	\$37,414	\$57,560	\$100,730
	6	\$32,960	\$42,848	\$65,920	\$115,360
	7	\$37,140	\$48,282	\$74,280	\$129,990
	8	\$41,320	\$53,716	\$82,640	\$144,620

**For families/households with more than 8 persons, add \$4,180 for each additional person.*

The following information is required from Virginia's Department of Education as part of the VPI grant. Please know that your answers will be kept confidential.

3. Is your family currently homeless?	YES	NO	9. Is the child in foster care?	YES	NO
4. Are you a single parent/family home?	YES	NO	10. Did the child's parents finish high school?	YES	NO
5. Are either of the child's parents currently on military deployment?	YES	NO	11. Does the child speak a language other than English?	YES	NO
6. Is the child being raised by someone other than parents?	YES	NO	12. Are either of the child's parents currently incarcerated?	YES	NO
7. Has the child been exposed to physical abuse and neglect, family abuse, substance abuse in the home?	YES	NO			

I _____ (print name) verify that this information is correct. If the information provided is found to be incorrect through verification, I understand that my child's application will be invalid.

Signature: _____

Date: _____