Poquoson City Public Schools-Office of Student Services
1033 Poquoson Ave.
Poquoson, Virginia 23662
Telephone: 757-868-3050
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IPOP-VPI Student Data Form

The IPOP-VPI program is a free, half-day program for children living in Poquoson. Space is limited and eligible students must be 4 years old on September 30, 2021. (Eligible children must be born between October 1, 2016 and September 30, 2017). The goal of this program is to strengthen academic readiness for kindergarten. Students will be screened using a norm-referenced instrument. Eligibility will be based on the results of the screening and parents will be advised of the results. Transportation within Poquoson is provided to and from the program.

The Virginia Department of Education **requires** the following data be collected for each IPOP-VPI student/family. This information will remain confidential.

Instructions: - This form is a required official record. Please PRINT all information legibly.

1. **Student Name (First/Middle/Last)** D**ate of Birth (month/day/year)** **Phone**

_____ _____ _____

2. **List all household members; include the child listed above. List gross income (before any deductions) and tell us how often it was received.**

Names of ALL Household Members [Include parents and all children in household]	Age	Check If No Income	List Gross Income before any deductions. Write in how often income is received. Use the following: (W) = Weekly (2Wk) = Every 2 Weeks (2M) = Twice a Month (M) = Monthly (Y) = Yearly				
			Earnings from Work Before Deductions: Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, Net Income Self-Owned Business or Farm		Welfare, Child Support, Alimony: Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments	Pensions, Retirement, Social Security: Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security	All Other Income: Disability Benefits, Cash from Savings, Interest/ Dividends, Income from Estates/Trusts/ Investments, Regular contributions from persons not in the household, Net Royalties/ Annuities/ Net Rental Income, Any Other Income
			Job 1 $ Amount/How Often	Job 2 $ Amount/How Often	$ Amount/How Often	$ Amount/How Often	$ Amount/How Often
1.		☐	$ /	$ /	$ /	$ /	$ /
2.		☐	$ /	$ /	$ /	$ /	$ /
3.		☐	$ /	$ /	$ /	$ /	$ /
4.		☐	$ /	$ /	$ /	$ /	$ /
5.		☐	$ /	$ /	$ /	$ /	$ /
6.		☐	$ /	$ /	$ /	$ /	$ /
7.		☐	$ /	$ /	$ /	$ /	$ /
8.		☐	$ /	$ /	$ /	$ /	$ /

3. Complete the box below as it reflects your child's current living situation; put a check mark if you are living:

☐ With relatives or others due to lack of housing
☐ In a motel/hotel, camping ground, or other similar situation due to the lack of alternative, adequate housing
☐ In a shelter
☐ At a train or bus station, park, or in a car
☐ In an abandoned apartment/building
☐ Child not living with a parent or guardian
☐ None of the above living situations apply to my child.

4. A parent or guardian of this child is a school dropout. **___Yes** **___No**

5 This child is identified with special needs or disabilities **___Yes** **___No**
If yes, please describe _____

I certify that all information on this application is true. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify the information.

_____

Parent/Guardian Signature **Date**

Jan./2021