

JONES ELEMENTARY SCHOOL - PREKINDERGARTEN REGISTRATION
2007/2008

BC _____
SS _____
IMM _____
EED _____

Child's Full Name _____
(Circle name called) First Name Middle Name Last Name

Social Security Number _____ Male ___ Female ___ Birthdate ____/____/____
Month Day Year

Ethnicity: Asian _____ Black _____ Hispanic _____ Indian _____ Multi-racial _____ White _____

City of Birth _____ State of Birth _____

Country of Birth (If not U.S.) _____ First Date of Entry to U.S. School ____/____/____
Month Day Year

Primary Language in Home _____ First Language Spoken _____

Street & Mailing Address _____

City/State/Zip _____

Father _____ **Mother** _____

Home Phone _____ Home Phone _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Child lives with: Both parents ___ Mother ___ Father ___ Other _____

Parental Status: Single ___ Divorced ___ Widowed ___ Separated ___ Married ___

Who has legal custody of the child? _____

(Parent must supply a copy of the legal document showing custody in cases of divorce.)

List any sibling(s) of the child applicant and current school.

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>Current School</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child lives in: Bremen City Limits ___ Haralson County ___ Carroll County ___ Other _____

If you reside inside the city limits of Bremen, you will be required to provide two proofs of residency.

If you reside outside the city limits of Bremen, you will be required to pay out-of-district tuition at registration.

Persons to contact in case of emergency and parents cannot be reached:

Name/Relationship/Phone # _____

Name/Relationship/Phone # _____

Has your child had any previous preschool or day care experience? Yes ___ No ___ Where? _____

Does your child have any doctor diagnosed health problems? _____

Allergies: Milk ___ Chocolate ___ Caffeine ___ Bee Stings ___ Other _____

Kidney problems ___ Tubes in ears ___ Orthopedic problems ___ Vision problems ___ Speech problems ___

Are there any children your child should not be in the classroom with? _____

List any parent of child applicant that attended and graduated from Bremen City Schools.

Name (at time of graduation) _____ Year of Graduation _____

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Are you receiving any of the following? Food stamps ___ Medicaid ___ WIC ___ Peachcare ___ TANF (Temporary Assistance to Needy Families) ___

As a part of the prekindergarten program, you will be required to provide proof of income if you are eligible for free/reduced lunches.