JONES ELEMENTARY SCHOOL - PREKINDERGARTEN REGISTRATION
2011/2012

SSN _____
IMM _____
EED _____
DOB _____

Student's Legal Name _____
First Name Middle Name Last Name

Preferred Name _____ Male _____ Female _____

Social Security Number _____ Birthdate _____ / _____ / _____
Month Day Year

Ethnicity: Hispanic/Latino/Spanish Origin Yes _____ No _____

Race **(Check all that apply.):** American Indian/Alaskan ____ Asian ____ Black ____ Hawaiian/Pacific Islander ____ 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.

Name	Age	Grade	Current School

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 city residency.
If you reside outside the city limits of Bremen, you will be required to pay tuition at registration and provide two proofs of Georgia residency.

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 receive the free books in the mail from the Ferst Foundation for Childhood Literacy? _____

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.