Barrow County School System

Boldly Committed to Student Success

Barrow County School System

Pre-K Lottery Application 2018-2019

Student's Legal Name: _____

Last First Middle

Address: _____

House Number Street Name

_____ GA _____

City State Zip Code

Child's D.O.B (MM/DD/YY): ____/____/_____

Will your child be 4 or 5 years old on or before Sept. 1, 2018? ☐ Yes ☐ No

SEX: ☐ M ☐ F

Contact Information: It is very important that we have accurate address and contact information. If your child is drawn for a slot and we are unable to contact you based on the information you provided on this form, your child will be removed from our Pre-K class list and waiting list. Please print clearly. If there is a change in your contact information, you must contact us immediately with the new information.

Mother's Name: _____

Father's Name: _____

Child lives with: ☐ Mother ☐ Father ☐ Both Parents ☐ Other _____

Contact's Primary Phone Number: _____

Primary Contact's Email address _____

Contact's Secondary Phone Number: _____

Secondary Contact's Email address _____

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in a Pre-K class but places my child in the BCSS Pre-K Lottery. All Pre-K classes/slots are pending state budget/funding and approval of the BCSS Pre-K Grant Agreement by Bright from the Start, Georgia Department of Early Care and Learning.

Signature (Parent/Guardian): _____ Date: _____

This application must be submitted to the BCSS Pre-K Program by March 30, 2018.

Office Use only:

Information taken by: _____ Proof of residency verified: Yes or No

Age verified Yes or No

Employee Child: _____Employees Name and Location: _____

School Attendance Zone_____ Lottery Number: _____