



875 WESTSIDE ROAD  
 Statesboro, Georgia 30458  
 Telephone: (912) 764-6297  
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**School Year**

*"Challenging, Teaching, and  
 Nurturing Tomorrow's Leaders  
 Today"*

	Sibling at Bulloch Academy- Name _____
	Child/Grandchild of Alumni/Employee _____
	Pre-Registered for Kindergarten- CK# _____

**CHILD**

LAST NAME:	FIRST:	NAME STUDENT CALLED:
SOCIAL SECURITY #:	D.O.B. (MM/DD/YY)	SEX: [ ]M [ ]F
AGE WHEN STARTING PRE-K (Must be at least 4 years old on September 1 of school year):		
HOME ADDRESS:		
CITY:	STATE:	ZIP: HOME PHONE: ( )
EMAIL ADDRESS:		
PREVIOUS SCHOOL:		

**PARENT/GUARDIAN**

MOTHER'S LAST NAME:	FIRST:	MIDDLE INITIAL:
(If different from child) HOME ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE: ( )	DAY TIME PHONE: ( )	
PLACE OF EMPLOYMENT:		
ADDRESS:		
CITY:	STATE	ZIP:
FATHER'S LAST NAME:	FIRST:	MIDDLE INITIAL:
(If different from child) HOME ADDRESS:		
CITY:	STATE	ZIP:
HOME PHONE: ( )	DAY TIME PHONE: ( )	
PLACE OF EMPLOYMENT:		
ADDRESS:		
CITY:	STATE	ZIP:

**EMERGENCY CONTACT**

NAME:	DAY TIME PHONE: ( )
DAY TIME ADDRESS:	
CITY:	STATE: ZIP:

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. If my child is placed in the Georgia Pre Kindergarten Program, I agree that my child will attend the program for 6.5 hours each day, 5 days a week for the 180-day school year. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form.

SIGNATURE (Parent/Guardian):

DATE: