

**GALLIA COUNTY LOCAL SCHOOL DISTRICT
KINDERGARTEN and PRESCHOOL REGISTRATION FORM**

The Gallia County Local School District requires the legal custodial parent/guardian of the child being registered to complete this form. The legal custodial parent/guardian and the child being registered must reside within the attendance boundaries of the Gallia County Local School District. If you are unable to comply with either of these two regulations, tell the Registrar before completing this form. You will be advised how to proceed.

CHILD'S LEGAL NAME: _____ NICKNAME: _____
(on birth certificate) FIRST MIDDLE LAST

D.O.B. _____ CITY & STATE OF BIRTH _____

GENDER : M F (please circle one) S.S.# _____ - _____ - _____ TELEPHONE #: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

NATIVE LANGUAGE: _____ ETHNIC ORIGIN (circle all that apply) WHITE; HISPANIC/LATINO ; BLACK OR AFRICAN AMERICAN;
AMERICAN INDIAN/ALASKA NATIVE; ASIAN; NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

SCHOOL OF RESIDENCE: _____

WILL THIS CHILD RIDE A BUS TO SCHOOL? _____
For the purpose of bus transportation or in the event of an emergency, please indicate how we can find the residence listed above:

FAMILY DATA

FATHER'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____ CELL TELEPHONE # _____

PLACE OF EMPLOYMENT _____ WORK TELEPHONE # _____

DOES THIS PERSON HAVE LEGAL CUSTODY OF THIS CHILD? _____

MOTHER'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____ CELL TELEPHONE # _____

PLACE OF EMPLOYMENT _____ WORK TELEPHONE# _____

DOES THIS PERSON HAVE LEGAL CUSTODY OF THIS CHILD? _____

STEP PARENT OR GUARDIAN NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____ CELL TELEPHONE # _____

PLACE OF EMPLOYMENT _____ WORK TELEPHONE # _____

DOES THIS PERSON HAVE YOUR PERMISSION TO TAKE THIS CHILD FROM SCHOOL AND TO SPEAK TO SCHOOL PERSONNEL ABOUT THIS CHILD? _____

HAS THIS CHILD BEEN INVOLVED IN ANY OF THE FOLLOWING WHICH MAY HAVE A BEARING ON HIS/HER LEGAL CUSTODY?

DIVORCE ____ LEGAL SEPARATION ____ ADOPTION ____ DISSOLUTION ____ DEATH OF PARENT ____ OTHER _____

IF ANY OF THE INFORMATION SPECIFIED ON THIS FORM CHANGES, PLEASE NOTIFY THE SCHOOL IMMEDIATELY.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ON THIS FORM IS CORRECT.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____