

PRESCHOOL INTEREST FORM
GALLIA COUNTY LOCAL SCHOOL DISTRICT
Please COMPLETE ALL SECTIONS of this form

Child Legal Name _____ Last _____ First _____ Middle Name _____ DOB ____/____/____

Name of Parent of Legal Guardian _____

Home Address _____ STREET ADDRESS _____ CITY _____ ZIP CODE _____

Mailing Address (if different) _____

Gender: Male ____ Female ____ Age _____ Primary Language _____

Home Phone _____ Cell Phone _____ Work Phone _____

Household Gross yearly income including government assistance/child support \$ _____

How many people live in the household? _____

Has your child had a physical or well child check in the last year? _____ Yes _____ No

How long have you lived at your current address? _____

Is the child currently enrolled in Head Start? ____Yes ____No

Has the child ever been enrolled in Head Start? ____Yes ____No

Is child open enrollment? Yes ____ No ____ School Building child will attend _____

Will child need bus transportation? Yes ____ No ____ Is child potty trained? Yes ____ No ____

Has your child received services from an itinerant preschool teacher (*Bob Ruff, Karen Polcyn, Sheryl Fallon or Cassie Walker*) through GCLS? Yes ____ No ____

Please list any concerns or other habits your child may have: _____
