



**Barrow County School System  
Pre-K Lottery Application 2019-2020**

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, 2019?  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 29, 2019.

**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: \_\_\_\_\_