



# BULLOCH ACADEMY

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

# Pre-K Registration Form

## School Year

	Sibling at Bulloch Academy - Name: _____ Grade: _____
	Child/Grandchild of Alumni - Name: _____ Year Graduated: _____
	Child/Grandchild of Current Employee - Name: _____
	Pre-Registered for Kindergarten - Date Pd: _____

\*If you wish to pre-register for Kindergarten, a Registration Fee of \$1,200 is required, with this amount being applied to the registration fee, application fee, and tuition at the time the child enters Kindergarten.  
If child does not attend, the \$1,200 is non-refundable.

<b>STUDENT</b>					
FIRST NAME:		MIDDLE NAME:		LAST NAME:	
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: ( )	
PREVIOUS SCHOOL:					
<b>PARENT/GUARDIAN</b>					
PREFIX: DR. MRS. MS.		MOTHER'S FIRST NAME:		MIDDLE INITIAL: LAST NAME:	
(If different from child) HOME ADDRESS:					
CITY:		STATE:		ZIP:	
HOME PHONE: ( )			DAY TIME PHONE: ( )		
EMAIL ADDRESS:			PLACE OF EMPLOYMENT:		
ADDRESS:					
CITY:		STATE:		ZIP:	
PREFIX: DR. MR.		FATHER'S FIRST NAME:		MIDDLE INITIAL: LAST NAME:	
(If different from child) HOME ADDRESS:					
CITY:		STATE:		ZIP:	
HOME PHONE: ( )			DAY TIME PHONE: ( )		
EMAIL ADDRESS:			PLACE OF EMPLOYMENT:		
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:	