

**Which elementary school is your Pre-K choice? One choice per family**

We recommend the elementary school that is in your primary residence zone, as applicants for zoned schools are given priority.

You may call 706-375-7947 for help locating your zone school.

- |                       |                    |
|-----------------------|--------------------|
| _____ Cherokee Ridge  | _____ Rock spring  |
| _____ Fairyland       | _____ Rossville    |
| _____ Gilbert         | _____ Saddle Ridge |
| _____ Naomi           | _____ Stone Creek  |
| _____ North Lafayette |                    |

**Which WALKER COUNTY Elementary school is your primary residence zoned for?**

**Do you live in the Chickamauga City Limits?** \_\_\_\_\_

Children whose birthdates are from Sept 2, 2014 through Sept 1, 2015, and are Georgia residents, are eligible to apply for GA Bright From the Start Pre-K in Walker County Schools.

<b>APPLICATION</b> * All information must be provided	
Please print legibly	
Child's Name	
City and State of Child's Birth	
Child's Race	Ethnicity
Child's age	Social Security Number - -
Mailing Address	
Work Number: Area Code	Phone Number
Other: Area Code	Phone Number

I certify that this information is true. I authorize the Walker County School District to release this information to local Head Start and Child Care programs.  
I also agree that if my child is registered in the local Head Start or another Child Care program his/her name will be removed from the Walker County Schools Pre-K list.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**Post Lottery Waiting List Information Form 2019-2020**

Applications accepted at WCS elementary schools, AEC Enrollment Center, or email:

[apply4prek@walkerschools.org](mailto:apply4prek@walkerschools.org)

**Post Lottery -- This application will be considered after the April 12<sup>th</sup> lottery.**

Please clearly print the name as it appears on the birth certificate

Child's Last Name											
Child's First Name											
Child's Middle Name										Name Suffix (Jr, Sr, II)	
Last 4 digits of SSN (if provided)				Date of Birth (M/D/Y)				Gender			
- _____				___ / ___ / _____				<input type="checkbox"/> M <input type="checkbox"/> F			
Home Address						City			State Zip		
County of Residence						Date Started on Waiting List (M,D,Y)					
						After 04/12/2019					
Parent / Guardian Name						Phone Number					
						_____ - _____ - _____					

\*\* Directory information on this form may be shared with Bright from the Start: Georgia Department of Early Care and Learning

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Printed Name -- Please print clearly

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**May we text you? Text #** \_\_\_\_\_

**NOTE: Both halves of this form must be completed**

For Office Use Only: Date/Time Received \_\_\_\_\_ Initials \_\_\_\_\_