## PRESCHOOL INTEREST FORM GALLIA COUNTY LOCAL SCHOOL DISTRICT

## Please **COMPLETE ALL SECTIONS** of this form

Child Legal Name				DOB		
	Last	First	Middle Name			
Name of Parent of L	egal Guardian					
Home Address						
	STREET ADDRESS		CITY		ZIP COD	Æ
Mailing Address (if o	lifferent)					
Gender: Male	Female	Age	_ Primary Langu	ıage		
Home Phone		Cell Phone	Work Ph	Work Phone		
Household Gross ye	arly income incl	uding government a	ssistance/child support	: \$		
How many people l	ve in the housel	nold?				
Has your child had a	a physical or wel	l child check in the l	ast year? Yes	;	No	
How long have you	lived at your cur	rent address?				
Is the child currently	enrolled in Head	d Start?Yes	_No			
Has the child ever b	een enrolled in H	lead Start?Yes	No			
Is child open enrolln	nent? Yes	No School Bu	ilding child will attend			
Will child need bus t	ransportation?	Yes No	Is child potty trained	d? Yes	No	
Has your child receive	ved services from	n an itinerant presch	ool teacher ( <i>Bob Ruff, K</i>	aren Polcyn	, Sheryl Fallo	n or
Cassie Walker) thro	ugh GCLS? Yes	No				
Please list any conce	erns or other hab	its your child may h	ave:			

4836 State Route 325 • Patriot, Ohio 45658

Fax: (740) 379-9138 Email: robing@seovec.org