

**TROUP COUNTY SCHOOL SYSTEM**

**KINDERGARTEN Application**

**ALL SCHOOL ASSIGNMENTS ARE BASED ON PARENT'S/LEGAL GUARDIAN'S ADDRESS**

Student I.D. # \_\_\_\_\_ (assigned by school system)

Student Name \_\_\_\_\_  
Last First Middle

Parent/Legal Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
No. Street Apt. City Zip

Home Telephone \_\_\_\_\_ Mother/Guardian Work Telephone \_\_\_\_\_

Father/Guardian Work Telephone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Grade K Male \_\_\_\_\_ Female \_\_\_\_\_ Student SS # \_\_\_\_\_

Ethnicity: (circle all that apply) White Black/African American Hispanic or Latino (circle one)  
Asian Native Hawaiian/Pacific Islander American Indian/Alaskan Native

Does student qualify for free or reduced lunch? \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ I choose not to answer.

**I. SCHOOL ATTENDANCE ZONES**  
*PLEASE READ THE FOLLOWING INFORMATION CAREFULLY*

- \* Does the student require special education services? \_\_\_\_\_ yes \_\_\_\_\_ no
- \* Does the student require bus transportation services? \_\_\_\_\_ yes \_\_\_\_\_ no
- \* Does the student require English Language Learners services? \_\_\_\_\_ yes \_\_\_\_\_ no

**Proximity Zone:** \_\_\_\_\_

**CALLAWAY ZONE**

Callaway Elem.  
Hogansville Elem.  
Mountville Elem

**LAGRANGE ZONE**

Ethel Kight Magnet School  
Franklin Forest Elem.  
Hillcrest Elem.  
Hollis Hand Elem.  
Unity Elem.

**TROUP ZONE**

Berta Weathersbee Elem.  
Long Cane Elem.  
Rosemont Elem.  
West Point Elem.  
Whitesville Road Elem

**II. SIBLING INFORMATION**

List all brothers or sisters enrolled in Troup County School System that live in your household, their birth date, grade level & school.

| NAME  | DATE OF BIRTH | GRADE LEVEL | SCHOOL THEY ATTEND |
|-------|---------------|-------------|--------------------|
| _____ | _____         | _____       | _____              |
| _____ | _____         | _____       | _____              |
| _____ | _____         | _____       | _____              |

*I certify that the above information on this application is true.*

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

Troup County School System Employee? \_\_\_\_\_ Yes \_\_\_\_\_ No Location: \_\_\_\_\_

**FOR OFFICE USE ONLY**

DATE \_\_\_\_\_ INTAKE LOCATION \_\_\_\_\_ VERIFIED BY \_\_\_\_\_ SCHOOL ASSIGNMENT \_\_\_\_\_

PROOF OF RESIDENCY \_\_\_\_\_ REGISTRATION FORM \_\_\_\_\_ HOUSEHOLD FORM \_\_\_\_\_ 3231 \_\_\_\_\_ 3300 \_\_\_\_\_ BIRTH CERT \_\_\_\_\_ SSN \_\_\_\_\_

Paperwork sent to Schools \_\_\_\_\_ Notification sent to Parents \_\_\_\_\_

*Hardships must be filed within 10 days of assignment.*

**OVER ►**

**My child attended a four year old program last year.**

**YES**

**NO**

**If yes, please check one of the following:**

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**GA LOTTERY FUNDED PRE-KINDERGARTEN**

TROUP COUNTY SCHOOL SYSTEM PRE-K

CHILDCARE NETWORK – Hogansville

CHILDCARE NETWORK – N. Cary St.

CHILDCARE NETWORK – West Point Rd.

PRIDE & JOY

SUSAN’S EARLY LEARNING

TEACHING, LOVING, CARING

YVETTE’S LITTLE WORLD

**TROUP COUNTY SYSTEM FULL DAY PROGRAM**

CALLAWAY HIGH SCHOOL

OTHER

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

**PRIVATE CENTERS**

BETHLEHEM TEMPLE SCHOOL

CAFI (HEADSTART)

FIRST BAPTIST CHILD DEVELOPMENT

FIRST METHODIST PRESCHOOL

HEAVEN’S LITTLE ANGELS

KIDS FIRST

LAFAYETTE CHRISTIAN ACADEMY

LAGRANGE ACADEMY

LAGRANGE CHILD DEVELOPMENT CTR

LITTLE FEET – Hogansville

LITTLE STEPS – Pine Mountain

LOVING HAND CHRISTIAN  
DAY CARE CENTER

MAIDEE SMITH

MARY’S LITTLE LAMBS

MONTESSORI PRESCHOOL

NELLIE’S DAY CARE – WEST POINT

ROSEMONT DAYCARE CENTER

SMALL STEPS

ST. JOHN’S PRESCHOOL – West Point

ST. MARK’S PRESCHOOL