

# Batavia Local School District

## Preschool Wait List Form 2019-20



Start Date: \_\_\_\_\_

Application Received: \_\_\_\_\_  
 Application Complete: \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
First Middle Last

**Preferred Name:** \_\_\_\_\_ **Gender:**  *Check one*  Male  Female

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Home Address (include City/Zip):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mother's Maiden Name:** \_\_\_\_\_

Previously enrolled in Batavia Local Schools?  *Check one*  Yes  No

If yes, what year did you withdraw? \_\_\_\_\_

Have you ever been enrolled in any other Ohio School District?  *Check one*  Yes  No

If yes, name of last Ohio District attended: \_\_\_\_\_

**Parent Information**  *Check answer that apply*

Status of **biological** parents:  Married  Divorced  Widowed  Separated  Single/Never Married

• If divorced, who has **legal** custody?  Mother  Father  Shared Parenting

• Are you the natural/adoptive parent(s) of the child?  Yes  No If no, your relationship: \_\_\_\_\_

If foster/guardian, what district did the natural parent(s) reside in at the time you received custody? \_\_\_\_\_

**Father/Guardian**

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

Address: *(if different from above)* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Mother/Guardian**

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

Address: *(if different from above)* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Step-Mother**  *Use only if Father is remarried*

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Step-Father:**  *Use only if Mother is remarried*

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_