

**Batavia Local School District  
Preschool Waitlist Form 2021-2022**



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

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

**Student Name:** \_\_\_\_\_  
First Middle Last  
**Preferred Name:** \_\_\_\_\_ **Gender:** *Circle One* **Male Female**  
**Date Of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Home Address:** (include City/Zip): \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Mother's Maiden Name:** \_\_\_\_\_

Previously enrolled at Batavia Local Schools? *Circle one* Yes No  
 If yes, what year was the student withdrawn? \_\_\_\_\_  
 Have you ever been enrolled in any other Ohio School District? *Circle one:* Yes No  
 If yes what is the name of the last Ohio District? \_\_\_\_\_

**Parent information** *Circle the answer that applies*  
**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 foster/guardian, what district did the natural parent(s) reside in at the time you received custody?** \_\_\_\_\_

**FATHER/GUARDIAN**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_

**MOTHER/GURADIAN**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_

**Step-Mother: Use only if father is re-married**  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Step-Father: use only if mother is re-married**  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Race and Ethnicity : Circle Yes or No**

Is the student Hispanic, Latino, or of Spanish origin (regardless of race)? **Yes** **No**

Check ALL that apply:

*\*State and Federal regulations require the school district to report each child's Ethnicity and Race. If you choose not to indicate your child's race, the Batavia Local School district is required by law to use observer identification.*

- \_\_\_\_\_ **WHITE** Persons who have origins in any of the original peoples of Europe, North Africa or the Middle East.
- \_\_\_\_\_ **BLACK or AFRICAN AMERICAN (non-Hispanic)** Persons having origins in any of the black racial groups in Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".
- \_\_\_\_\_ **ASIAN** Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam
- \_\_\_\_\_ **AMERICAN INDIAN or ALASKAN NATIVE** Persons having origins in any of the original peoples of North or South American (including Central America) and who maintain tribal affiliation or community attachment.
- \_\_\_\_\_ **NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER** Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Citizenship Status: Check One**

\*Immigrants students are those who:

- 1. Are age 3-21, and
- 2. Were not born in the United States, and
- 3. Have not attended one or more schools in any one of more of the states for more than 3 academic years.

\_\_\_\_\_ US Citizen  
 \_\_\_\_\_ Non-US Citizen/Immigrant \*

**Home Language Survey**

\*If you indicate a language other than English, your child will be evaluated for special programs to help students who do not speak or understand English.

- What language did your son/daughter speak when he/she first learned to talk? \_\_\_\_\_
- What language did your son/daughter use most frequently at home? \_\_\_\_\_
- What language do you use most frequently to your son/daughter? \_\_\_\_\_
- What language do the adults at home most often speak? \_\_\_\_\_
- How long has your son/daughter attended school in the United States? \_\_\_\_\_

**Other Children Living in Your Home**

Name	Birth Date	Grade	Name	Birth Date	Grade
1. _____	_____	_____	3. _____	_____	_____
2. _____	_____	_____	4. _____	_____	_____

**Roster Release Permission-Circle One** **Yes** **No**

I do hereby grant permission for the following information to be distributed to other parents of preschool children enrolled at the school: my child's name, parent name and address, home phone number and my child's birthday. This information will NOT be distributed for commercial use.

**Photo Permission -Circle One** **Yes** **No**

I do hereby grant permission for my child to be photographed as a participant in the preschool program. Any program, presentation, or representations will be used to show the preschool program as a whole and will not identify a specific child. There will be no commercial use of any photographs.

I, the undersigned, do hereby state and declare under penalty of falsification (\*) that I am the parent of legal guardian of the above named student and that this registration information is true and correct.

\_\_\_\_\_  
 Parent/guardian signature \_\_\_\_\_  
Date

(\*) Falsification under Ohio Revised Code section 2921.13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of \$1,000 or both.