

| Please write the school year in the box |
|---|
| |

Georgia's Pre-K Program Waiting List Information Form School Year

Clearly print the name as it appears on the Birth Certificate

| J 1 | 1 1 | | |
|-----------------------------------|---------------------------------|---------------------------------|----------|
| Today's Date (M/D/Y) | | | |
| | | | |
| Last Name | | | |
| | | | |
| First Name | | | |
| | | | |
| Name Suffix (Jr, Sr, II, III) | | | |
| | | | |
| Date of Birth (M/D/Y) | Gender | Last 4 Digits of | SSN |
| | □м □ F | | |
| Home Address | City | State Zip | |
| | | 0.4 | |
| County of Residence | | GA | |
| County of Residence | | | |
| | | | |
| Parent/Guardian Name | | | |
| | | | |
| Preferred Phone Number | | Additional Phone Number | |
| | | | |
| | | | |
| Email Address | | | |
| | | | |
| Preferred Method of Commu | ınication | | |
| Phone call: | | | |
| Email: Call pha | an a manah aw | | |
| Text message: Cell pho | one number: | | |
| Information provided on this form | n is shared with Georgia Depart | ment of Early Care and Learning | for the |
| purpose of maintaining a state le | | -K Program. By completing this | form and |
| signing below you consent to the | e snanng or uns mormation . | | |
| | | | _ |
| Parent/Guardian Signature | | Date | |