

Please write the school year in the box

School Year

Clearly print the name as it appears on the Birth Certificate

Today's Date (M/D/Y)			
Last Name			
First Name	<u> </u>		
Name Suffix (Jr, Sr, II, III)			
Date of Birth (M/D/Y)	Gender	Last 4 Digits of SSN	
/ /	🗌 м 🔲 ғ		
Home Address	City	State Zip	
		GA	
County of Residence			
Parent/Guardian Name			
Preferred Phone Number		Additional Phone Number	
Email Address			
Preferred Method of Communication Phone call:			
Text message: Cell phone number:			

Information provided on this form is shared with Georgia Department of Early Care and Learning for the purpose of maintaining a state level waiting list for Georgia's Pre-K Program. By completing this form and signing below you consent to the sharing of this information .

Parent/Guardian Signature