

| 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

| erearry print the maine as | te appears on the Birth | | |
|---|-------------------------|---------------------------------------|--------------------|
| Today's Date (M/D/Y) | | | |
| | | | |
| Last Name | | | |
| | 1 1 1 1 1 1 1 | | $\overline{\perp}$ |
| First Name | | | |
| | | | |
| Name Suffix (Jr, Sr, II, III) | | | • |
| | | | |
| Date of Birth (M/D/Y) | Gender | Last 4 Digits of SSN | 1 |
| 1 1 | \square M \square F | | |
| Home Address | City | State Zip | _ |
| | - , | F | |
| | | GA | |
| County of Residence | | | |
| | | | |
| Parent/Guardian Name | | | |
| | | | |
| | | | |
| Preferred Phone Number | | Additional Phone Number | |
| | | | |
| Email Address | | | |
| | | | |
| | | | |
| Preferred Method of Communication Phone call: | nication | | |
| Email: | | | |
| Text message: Cell phor | ne number: | | |
| | | | |
| | | rtment of Early Care and Learning for | |
| signing below you consent to the | | re-K Program. By completing this forn | i and |
| - 3 - 19 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | |
| D 1/0 II 01 | | | |
| Parent/Guardian Signature | | Date | |