



Waiting Pool Information Form 2022-2023

School: _____

Please Print Clearly – Print name as it appears on birth certificate.

Child's Last Name	First Name	Middle Name
Social Security # (Optional)	Date of Birth (M/D/Y)	Gender
	___/___/___	
Home Address		Apartment # (if applicable)
City	Zip Code	County of Residence
Parent/Guardian Name	Home Phone Number	
Alternative Phone Numbers and/or email address:		
Distribution Release:		
<p>I verify the above information to be correct and understand that completion of this form does not guarantee placement in a Pre-K class. By submitting this application, I understand that:</p> <ul style="list-style-type: none"> – I give permission for the information provided to be distributed to other Pre-K providers, agencies or entities contracted by Department of Early Care and Learning (DECAL) including and not limited to the GA Department of Education, & Colleges/Universities as required. – That if any of the provided information or documentation is found not to be true or applications have been made at more than one location that the application will be removed from the waiting pool at all sites. IF selected for a class, the child's slot will be forfeited. (Excludes private centers & DCSD magnet programs) 		
SIGNATURE:	DATE:	
SCHOOL USE ONLY (Form will be returned if incomplete)		
Child lives in school attendance area: <input type="checkbox"/> Yes <input type="checkbox"/> No		Birth date Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Verified by: _____ Position: _____		
Date Contacted: _____	<input type="checkbox"/> Left Message	<input type="checkbox"/> Talked with _____
Date Contacted: _____	<input type="checkbox"/> Left Message	<input type="checkbox"/> Talked with _____
Slot Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____		
Completed by: _____		

