



Georgia's Pre-K Program Waiting List Information Form

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): ____/____/____		
CHILD INFORMATION:		
First Name:		Name Suffix (Jr,II,III):
Middle Name:		
Last Name:		
Last 4 Digits of SSN ____-____-____-____	Date of Birth (MM/DD/YYYY): ____/____/____	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Is your child's primary language English? <input type="checkbox"/> YES <input type="checkbox"/> NO	Language spoken at home (other than English):	Date started on Waiting List: ____/____/____
ADDRESS INFORMATION		
Home Address:		
City:	County of Residence:	State:
Zip Code:		
PARENT/GUARDIAN INFORMATION:		
First Name:		Last Name:
Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/>		
Email Address:		Phone Number:

Parent/Guardian Signature

Date