



Social Circle City Schools

CARING COMMUNITY. PREMIER ACHIEVEMENT.

Pre-K Seat Waiting List Form 2019-2020 School Year

Student's Legal Name _____
Last First Middle

Address: _____
House Number Street Name

_____ City State Zip

DOB: ___/___/___ Will your child be 4 years or older on or before Sept. 1, 2019 _____
yes or no
___ Male or ___ Female Last four digits of SSN _____

Contact information: It is very important that we have accurate and legible contact information. Please print clearly. If there is a change to your contact information, you must contact us immediately with the new information at 770-464-4844. You may leave a message or you can email me at tammy.pitzer@socialcircleschools.org

Contact Name: _____

Contact's Primary Phone Number and email:

_____ Phone number email

This form must be dropped off at the Social Circle Board of Education at 147 Alcova Drive Social Circle, GA 30025

Date: _____

Thank you,
Tammy Pitzer
Social Circle Pre-K Project Director
770-464-4844