



1745 Phoenix Blvd, Suite 100
 Atlanta, GA 30349
 ph: 404.334.4790
 fx: 404.684.8816

www.georgiacyber.org

Date: _____

Dear Parent/ Guardian/ Unaccompanied Youth Name: _____

Please indicate below (by placing an "X" in the appropriate column) if you are in need of assistance in any of the following areas:

<u>Academic and Related Services</u>	<u>Needed</u>	<u>Not Needed</u>
Enrollment		
Birth Certificate		
Social Security Card		
Previous School Records		
Head Start/Pre-K Referral		
Immunization Records		
<u>Academic Supplies and Fees</u>		
School Supplies (computer and printer)		
Cap & Gown Fees		
<u>Clothing & Personal Hygiene</u>		
Shirts		
Pants/Skirts		
Basic Hygiene & Toiletries		
<u>Referrals</u>		
Parenting		
Medical/Dental		
Counseling		
Food		
Utilities		
Housing		

 Parent's Signature/Unaccompanied Youth

 Date

 Telephone #