DeKalb County School District

PK-3 Waiting List Information Form

Please PRINT clearly

Today's Date (M/D/Y)			
Last Name			
First Name			
Name Suffix (Jr, Sr, II, III).			
Date of Birth (M/D/Y).	**Gender**		
/ /	☐ **M** ☐ **F**		
Home Address	**City**	**State**	**Zip**
		GA	
County of Residence			
Parent/Guardian Name			
		Phone Number:	
		Phone Number:	
Email Address			

Parent/Guardian Signature **Date**