BRIGHT *from the* START

Georgia Department of Early Care and Learning

Roster Information Form

Please clearly print the name as it appears on the birth certificate

Last Name

First Name

Middle Name	Name Suffix (Jr, Sr, II, III)

Social Security #	Date of Birth (M/D/Y)	Gender
_____ -- _____ -- _____	_____/_____/_____	☐ M ☐ F

Date enrolled in Pre-K (M/D/Y)	**If different from birth certificate, name student is called**
_____/_____/_____	

1. Please check the race/ethnicity of your child:

☐ Asian or Pacific Islander
☐ African-American
☐ Hispanic
☐ Native American
☐ White
☐ Multi-racial

2. What is your child's primary language?

☐ English
☐ A language other than English

3. Was your child born as a:

☐ Single Birth (1)
☐ Twin (2)
☐ Triplet (3)
☐ Quadruplet (4)
☐ Quintuplet (5)

4. Does your child have an Individualized Education Plan (IEP)?

☐ Yes
☐ No

5. Does your child receive any of the following services?   (Cat1/Cat2)

☐ Child and Parent Services (CAPS) Program
☐ Food Stamps
☐ SSI
☐ Medicaid
☐ Temporary Assistance to Needy Families (TANF)
☐ PeachCare for Kids

6. Will the Pre-K center be providing transportation for your child?

☐ Yes
☐ No

_____

Parent/Guardian Signature   Date