

**PRESCHOOL REFERRAL FORM (Agency)**  
**Ages: 3-5 Years**

**Student Information**

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: (M) (F)

**Parent/Guardian Information (Person to whom correspondence should be directed)**

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_  
*Must provide current telephone numbers* *Must provide current telephone numbers*

Street Address: \_\_\_\_\_  
*Number and Street, Including Apartment Number*

\_\_\_\_\_ *City* *State* *Zip Code* *County*

Language Spoken by Child/Parent: English Spanish Other: \_\_\_\_\_

**Agency Information**

Name /Position Person Making Referral: \_\_\_\_\_ Tel #: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

Name of Program: \_\_\_\_\_  
*Preschool Attending* *Private Day care* *Pediatrician Office*

Reason for Referral:

**\*\*PLEASE SEND YOUR REFERRAL FORM TO\*\***

Kay Walker – Preschool Coordinator  
Telephone Number: 770-536-5275 (Ext 5130)  
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