



Georgia's Pre-K Program Class Closure Form

Please complete this form and send to your Pre-K Specialist for notification of all class closures. Submitting a class closure notification form indicates the class will no longer be in operation past the effective date of closure at this site or any other program site. Class closure notifications must be submitted by the Pre-K Project Director.

Today's Date: _____

Legal Name: _____

Site Name: _____

License #: _____

(Licensed child care programs only)

Effective Date of Class Closure: ____

Dates that this class operated during this school year if any: _____

List Class ID #(s) for each class closing. Refer to your Pre-K Roster for Class ID # or Attachment A of your Pre-K Grant Agreement. **If school is closing, please note that.**

Reason for class closure: _____

Project Director Name: _____

Site E-mail: _____

Site Phone # and Fax #: _____

Street Address: _____

City: _____ County: _____ Zip: _____

DECAL USE ONLY

Date Pre-K Specialist received: _____

Pre-K Specialist Name: _____

Pre-K Manager Name: _____

Closure Type: Class Site (program has multiple sites) Company Closure

Payment instructions for Finance Yes No

If yes, provide details: _____

Date Pre-K Manager sent form to Finance for closure: _____ Finance Closure Completed Yes

Date Finance sent form to PANDA for closure: _____

Date form was uploaded to SharePoint: _____