

(For Office Use Only)

Campus name: \_\_\_\_\_ Number: \_\_\_\_\_



## INFORMATION FORM

Form must be submitted on original document to 6030 Ogeechee Rd Savannah, GA 31419  
or emailed to [tjenkins@impactsavannah.com](mailto:tjenkins@impactsavannah.com) No copies will be accepted.  
(All applications are not final until reviewed and approved.)

**Parent's Name:** \_\_\_\_\_  
(First) (Last)

**Mailing Address:** \_\_\_\_\_  
(Street Name) (City) (State) (Zip Code)

**Phone Numbers:**

**Home:** \_\_\_\_\_ **Alternate:** \_\_\_\_\_

(Failure to provide working numbers or correct mailing addresses may result in delay in receiving gifts.)

(For children that you are the legal parent and/or guardian of)

Child's Name:	DOB:	Age:	Grade:	School:	(Circle one)
_____	_____	_____	_____	_____	<b>Boy or Girl</b>
_____	_____	_____	_____	_____	<b>Boy or Girl</b>
_____	_____	_____	_____	_____	<b>Boy or Girl</b>
_____	_____	_____	_____	_____	<b>Boy or Girl</b>
_____	_____	_____	_____	_____	<b>Boy or Girl</b>
_____	_____	_____	_____	_____	<b>Boy or Girl</b>
_____	_____	_____	_____	_____	<b>Boy or Girl</b>

**How did you get connected with Giving Hope?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Forms Due: December 2, 2018

