



PLEASE PRINT
CLEARLY

New Student Enrollment Form

Today's Date: _____

School Year: 20____ - 20____

STUDENT INFORMATION

School: _____ Grade: _____ Current Age: _____

Student's Legal Name: _____ Name Called: _____
Last First Middle

☐ Male ☐ Female Birth Date: ____/____/____ *Social Security #: _____

Ethnicity: Is the student Hispanic/Latino? ☐ Yes ☐ No

Race: Is the student (check ALL that are applicable)? Note: At least one must be checked

☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ White

Ninth Grade Entry Date: : ____/____/____

Entry Date in US Public School: : ____/____/____

Birth Country: _____ Birth State: _____

Last School Attended: _____ Address: _____

Last School Attended Phone Number: _____ Location: _____

City State Zip

Is the student currently suspended, expelled or assigned to alternative school? ☐ Yes ☐ No

Are ANY disciplinary actions pending from another school? ** ☐ Yes ☐ No

Has the student ever attended an Atlanta Public School (APS): ☐ Yes ☐ No Last APS School: _____

Grade Level: _____ Date of Withdrawal: ____/____/____

Does the student currently receive any of these services?

☐ Gifted/Talented ☐ Advanced Classes ☐ Early Intervention (EIP) ☐ ESOL
☐ Special Education/IEP ☐ 504 Plan ☐ Response to Intervention/SST ☐ Speech

What type of Pre-Kindergarten Experience did the student have?

☐ None ☐ At Home/Family Care ☐ Child Care Learning Center ☐ Pre-K/Head Start ☐ Pre-K/Non-Head Start
☐ Other: _____

If the student attended Pre-Kindergarten, where did they attend: _____

HOME LANGUAGE SURVEY

Notice to Parents and Guardians:

Georgia school systems are required* to collect your responses to questions about your preferred language for school communication and your child's primary or home language. Information from the first question is used to identify your need for an interpreter or for translated documents.

Information from the three Home Language Survey questions and the additional language information help us determine whether to screen your child's level of English language proficiency. The screening process will identify if your child qualifies for

**If not the parent/legal guardian, a Kinship Affidavit or Grandparent Power of Attorney Affidavit must be completed

English learner status and services in our language instruction educational program.

Identification of Potential English Learners

These three questions help schools identify if your child should be screened for eligibility to participate in their language instruction educational program.

When the response to any of these questions is a language other than English, schools may be required to screen your child's level of English language proficiency. If you respond with more than one language, the school will need additional information from you before making this decision.

Which language does the student **most frequently** speak at home? _____

Which language do adults in your home **most frequently** use when speaking with your child? _____

Which language does your child **best** understand and speak? _____

Additional Information from Multilingual Families

If you indicated that your child and other adults in the home **understand and use English and another language** or languages, schools will ask you to provide additional information to decide if your child should be screened for English proficiency.

If you respond that your child understands and uses English more than the other home language, or that your child understands and uses both English and the other home language equally, the school will not screen your child for English language proficiency.

Choose only one sentence that best describes your child's primary language.

- ☐ My child understands and uses only the home language and no English.
- ☐ My child understands and uses mostly the home language and a little English.
- ☐ My child understands and uses the home language and English equally.
- ☐ My child understands and uses mostly English and only a little of the home language.
- ☐ My child understands and uses only English.

ENROLLING ADULT FAMILY INFORMATION – FAMILY #1 (The enrolling adult must sign this form at the bottom)

NOTE: *The student must reside full-time with the enrolling adult*

Student Resides with: ☐ Both Parents ☐ One Parent ☐ Parent & Stepparent ☐ Guardian ☐ Foster Parent ☐ Other**

Name of Enrolling Adult: _____ **Relationship to Student: _____
Last First Middle

Student Dwelling Address		
Street	Apt #	
City	GA	Zip

Family Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Occupation/Employer: _____ Email: _____

Do you: ☐ Own ☐ Rent or ☐ Share a residence with another family

**If not the parent/legal guardian, a Kinship Affidavit or Grandparent Power of Attorney Affidavit must be completed

In which language would you prefer to receive school information? _____

Name of Other Adult living

at the same address: _____ **Relationship to Student: _____

Last

First

Middle

Cell Phone # _____

Work Phone Number: _____

Occupation/Employer: _____ Email: _____

In which language would you prefer to receive school information? _____

NOTE: If this adult is authorized by the Enrolling Adult to be called in case of an emergency and/or pick-up of the student from school, he/she must also be listed as an emergency contact on page 3.

RESIDENTIAL SURVEY

1. Is the student's home address a temporary living arrangement? ☐ Yes ☐ No
2. Is this a temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No
3. Is this student in temporary or emergency foster care placement? ☐ Yes ☐ No
4. As a student, are you living with someone other than your parent or legal guardian? ☐ Yes ☐ No

SECONDARY FAMILY INFORMATION – FAMILY #2 – IF APPLICABLE (Parent/guardian not residing with Family #1 household above)

Name of Parent/Guardian #2: _____ **Relationship to Student: _____

Last

First

Middle

Address: _____

City

State

Zip

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Occupation/Employer: _____ Email: _____

In which language would you prefer to receive school information? _____

NOTE: If this adult is authorized by the Enrolling Adult to be called in case of an emergency and/or pick-up of the student from school, he/she must also be listed as an emergency contact on page 3.

ACTIVE MILITARY SURVEY

Does either parent/guardian/stepparent with who the student resides meet any of the following:

- ☐ Active Duty, Deployed ☐ Activity Duty, Not Deployed ☐ Discharged ☐ Inactive ☐ Injured ☐ Killed in Action
☐ Transitioning Out of Active Duty ☐ Discharged ☐ N/A (Not Applicable)

Which branch did the parent/guardian/stepparent serve in?

- ☐ Air Force ☐ Air Force Reserve ☐ Air National Guard ☐ Army ☐ Army Reserve ☐ Army National Guard ☐ Coast Guard
☐ Marine Corps ☐ Marine Corps Reserve ☐ Navy ☐ Navy Reserve ☐ N/A (Not Applicable)

MIGRANT OCCUPATIONAL SURVEY

Has anyone in your household moved in order to work in another city, county, or state, in the last three (3) years?

☐ Yes ☐ No

Has anyone in your household been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? ☐ Yes ☐ No

If you answer "yes", check all that applies:

- ☐ Planting/picking vegetables (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries)
☐ Planting, growing, cutting, processing trees (pulpwood), or raking pine straw ☐ Processing/packing agricultural products
☐ Dairy/Poultry/Livestock ☐ Meatpacking/Meat processing/Seafood
☐ Fishing or fish farms ☐ Other: _____ (specify occupation)

STUDENT HEALTH INSURANCE STATUS

Select the student health's insurance provider:

- ☐ None ☐ United Healthcare ☐ Blue Cross Blue Shield ☐ Aetna ☐ Cigna
☐ Medicaid ☐ Humana ☐ Tri-Care ☐ Peach State ☐ Other

*An enrolling adult who objects to providing a social security number may have the requirement waived by signing an objection form

**Parent/Guardians should provide academic/disciplinary records upon enrollment. Otherwise, the new school will request the records from the previous school and verify disciplinary information

STUDENT EMERGENCY CONTACT INFORMATION

List below the adults allowed to check the student out of school and may be contacted in case of an emergency.

Please include the names of any adults already listed in the Primary and Secondary families above. In case of an emergency, we will contact the individuals listed below in the order they are listed.

	Name	Relationship	Primary Phone	Cell
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____

The following person(s) MAY NOT sign my child out of school: _____

NOTE: This may not include any persons acting under the authority of child protections laws. Court orders may also impact this preference.

ENROLLING ADULT NOTICE & SIGNATURE

To be enrolled in Atlanta Public Schools, students must reside full-time in the City of Atlanta with their natural parent(s), legal guardian(s), or legal custodian(s). For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in the City of Atlanta and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the City of Atlanta, but does not reside in the City of Atlanta, is not considered a resident. Parents are required to notify Atlanta Public Schools within fourteen (14) days if there is a change in residence.

Representatives of Atlanta Public Schools may visit the home to verify residency. A student enrolled in Atlanta Public Schools under falsified information is illegally enrolled and will be immediately withdrawn from school. Parents and Guardians making false statements or submitting false documentation is a violation of O.C.G.A. §16-9-2, §16-10- 20 and/or §16-10-71 of the criminal laws of the State of Georgia and punishable by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both. O.C.G.A. 16-10-71.

By signing below, I swear or affirm that the information I have provided is true and correct.

Enrolling Adult Signature

Enrolling Adult Printed Name

Date

Interpretation Language Support provided by: _____ Language: _____



Multilingual Programs
+ Services

"If you require assistance with this document in a language other than English, please contact 404-802-7580 or email APStranlations@atlantapublicschools.us."

Amharic: "ይህንን ሰነድ ለመረዳት ከእንግሊዘኛ ሌላ ቋንቋ ካስፈለገች በስልክ ቁጥር 404-802-7580 ወይም በኢሜል APStranlations@atlantapublicschools.us ሊጠይቁ ይችላሉ።"

Arabic: 404-802-7580 إذا كنت تحتاج إلى مساعدة في الحصول على هذه الوثيقة بلغة أخرى غير اللغة الإنجليزية، يرجى الاتصال بالرقم APStranlations@atlantapublicschools.us أو قم بإرسال رسالة بريد إلكتروني إلى العنوان 7580.

Bangla: আপনার যদি ইংরেজি ছাড়া অন্য কোন ভাষায় এই ডকুমেন্টের বিষয়ে সহায়তার প্রয়োজন হয়, অনুগ্রহ করে 404-802-7580 নম্বরে অথবা APStranlations@atlantapublicschools.us ইমেইলে যোগাযোগ করুন।

Chinese: "如果您需要以英语之外的语言的对此文档的帮助，请致电 404-802-7580，或电邮给 APStranlations@atlantapublicschools.us。"

French: « Si vous avez besoin d'aide pour ce document dans une langue différente de l'anglais, veuillez appeler le 404-802-7580 ou envoyer un courriel à APStranlations@atlantapublicschools.us . »

Hindi: अगर आपको आवश्यकता चाहिये कि यह दस्तावेज अंग्रेजी के अलावा अन्य भाषा में हो तो संपर्क करें इस नंबर पर 404-802-7580 अथवा ईमेल करे APStranlations@atlantapublicschools.us

Japanese: この文書に関して英語以外の言語での説明が必要な場合は、電話 404-802-7580 又はEメール APStranlations@atlantapublicschools.us までお問い合わせください。

Kirundi: "Niba ukeneye ubufasha kuri iyi nyandiko mu rundi rurimi atari Icongereza, hamagara 404-802-7580 canke urungike ubutumwa kuri APStranlations@atlantapublicschools.us."

Korean: "만약에 이 문서를 영문외에 다른 언어로 필요하실 경우, 전화: 404-802-7580 이나 이메일: APStranlations@atlantapublicschools.us 로 연락주십시오."

Portuguese: "Se você precisar de assistência com este documento em um idioma diferente do Inglês, por favor, entre em contato com 404-802-7580 ou por e-mail APStranlations@atlantapublicschools.us."

Russian: «Если Вам требуется помощь с этим документом на языке отличном от английского, пожалуйста, свяжитесь по телефону 404-802-7580 или по адресу электронной почты APStranlations@atlantapublicschools.us.»

Spanish: "Si necesita ayuda con este documento en un idioma que no sea inglés, por favor llame al 404-802-7580 o envíe un correo electrónico a APStranlations@atlantapublicschools.us."

Urdu: "اگر آپ کو اس دستاویز کے سلسلے میں انگلش کے علاوہ کسی اور زبان میں مدد درکار ہے، تو براہ مہربانی 404-802-7580 پر رابطہ کریں یا APStranlations@atlantapublicschools.us پر ای میل کریں۔"

Vietnamese: "Nếu quý vị cần được hỗ trợ tài liệu này bằng một ngôn ngữ khác tiếng Anh, xin vui lòng liên lạc chúng tôi qua số điện thoại 404-802-7580 hoặc email APStranlations@atlantapublicschools.us."

Wolof: "So soxlaa ndimbal ci kayit wii ci beneen kàllaama budul angale, nu ngi lay ñaan nga jokkoo ak 404-802-7580 wala bataaxalu internet bii : APStranlations@atlantapublicschools.us."