

STUDENT CENSUS DEMOGRAPHIC UPDATE FORM

Student Last Name		Student First Name		Student Middle Name	
Gender: <input type="radio"/> Male <input type="radio"/> Female		D/Birth:		Age:	Student Cell Phone #:
<p>What is your child's race? (Select all that apply)</p> <p><input type="radio"/> Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.)</p> <p><input type="radio"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)</p> <p><input type="radio"/> Black or African American (A person having origins in any of the Black racial groups of Africa – includes Caribbean Islanders and other of African origin.)</p> <p><input type="radio"/> Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)</p> <p><input type="radio"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)</p>					
<p>Is your child Hispanic/Latino?</p> <p><input type="radio"/> No, Not Hispanic/Latino</p> <p><input type="radio"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South American, Central American, or other Spanish Culture or origin, regardless of race.)</p>					
<p>Student Lives With: <input type="radio"/> Both Parents <input type="radio"/> Mother only <input type="radio"/> Father only <input type="radio"/> Legal Guardian <input type="radio"/> Foster Parent <input type="radio"/> Grandparent</p> <p>Other: _____</p>					
Parent(s)/Legal Guardian (s) Name:					
Current Address:					
Home #:			Cell #:		
Work #:			Email:		
EMERGENCY CONTACTS					Can student be picked up by this person
NAME	RELATIONSHIP	CONTACT #			
			<input type="radio"/> YES <input type="radio"/> NO		
			<input type="radio"/> YES <input type="radio"/> NO		
			<input type="radio"/> YES <input type="radio"/> NO		
			<input type="radio"/> YES <input type="radio"/> NO		
			<input type="radio"/> YES <input type="radio"/> NO		
			<input type="radio"/> YES <input type="radio"/> NO		
<p>_____ Parent/Guardian Signature</p>					<p>_____ Date</p>

You will need to provide with this document, the following three (3) items:

1. A copy of your current proof of residency
2. A copy of your photo identification
3. An affidavit of residency

Visit <http://www.atlanta.k12.ga.us/Page/34748> for Proof of Residency Requirements and Affidavits.