

Student Enrollment & Registration Form

Date: _____

School: _____

STUDENT INFORMATION

Last Name:		First Name:		Middle Name:		Suffix:	
Grade:	Gender:	Date of Birth:			Social Security #:		
State of Birth:		Country of Birth: (If not USA)			US School Entry Date (if after Kindergarten):		
Home Phone:				Student Cell Phone:			
Home Address: (Street Address)			Apt#:	City:		State:	Zip:
Does Student Reside in Federally Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does Student have an IEP (Special education)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Student in ELL/ESOL Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was/is student in Gifted/Challenge program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was/Is student involved in the Student Support Team? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the Family lived in another county in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the date your family arrived in Fulton county?		What language(s) did the student first learn to speak?			What language(s) does the student speak at home?		
What language(s) does the student speak most often?		What is your child's race (Choose all that apply)? <input type="checkbox"/> American 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.) <input type="checkbox"/> 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.) <input type="checkbox"/> 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.) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)					
Is your child Hispanic/Latino? <input type="checkbox"/> No, Not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South American, Central American, or other Spanish Culture or origin, regardless of race.							
Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (Check all that apply) <input type="checkbox"/> Agriculture; planting / picking tomatoes, squash, peppers, etc. <input type="checkbox"/> Processing/Packing agricultural products <input type="checkbox"/> Planting, growing, or cutting trees (pulpwood) <input type="checkbox"/> Dairy, Poultry, or Livestock <input type="checkbox"/> Meatpacking / Poultry / Seafood <input type="checkbox"/> Fishing or fish farms <input type="checkbox"/> Other: _____ Name of current/most recent employer: _____							
PREVIOUS SCHOOL EXPERIENCE							
Pre-School Experience: <input type="checkbox"/> Home <input type="checkbox"/> Private Day Care <input type="checkbox"/> Private Pre-School <input type="checkbox"/> Babysitter's Home <input type="checkbox"/> Head Start <input type="checkbox"/> Pre-K Program							
Attended an Atlanta Public School before? <input type="checkbox"/> YES <input type="checkbox"/> NO		Last School Attended in Atlanta Public Schools?			Previous School Attended (if not Atlanta Public Schools):		
Previous School Address (City/State/Zip Code):				Previous School Phone #:		Grade	Date of Withdrawal:
Is student currently suspended or pending expulsion from this school? <input type="checkbox"/> Yes <input type="checkbox"/> No				Has student been expelled from ANY school? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____			
Reason for Current Suspension/Pending Expulsion/Involuntary withdrawal:				Reason for Expulsion/Suspension/Withdrawal:			

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PARENT/GUARDIAN INFORMATION

Student Lives With: ☐ Both Parents ☐ Mother only ☐ Father only ☐ Legal Guardian ☐ Foster Parent ☐ Grandparent
☐ Other: _____ (If other than parent, documentation is required.) A student should generally be withdrawn by the person who enrolls them. The parent/legal guardian who enrolled the student may provide the school with written permission accompanied by a copy of the parent/guardian's photo identification for another person to withdraw a child.

Household Name Designation: Your household will be listed by the last name of the oldest child you have currently enrolled in Atlanta Public Schools. Last Name of Oldest Child: _____

Household Address:	Apt#:	City:	State:	Zip:
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Parent/Guardian	Last Name:	First Name:	Middle Initial:
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Home Phone:	Work Phone:	Cell Phone:	Other:
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Marital Status:	Employer:	Highest Education Received:	Speaks English? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Parent Email Address:	Lives on Federal Property? <input type="checkbox"/> YES <input type="checkbox"/> NO	Works on Federal Property? <input type="checkbox"/> YES <input type="checkbox"/> NO	Migrant Worker? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Parent/Guardian	Last Name:	First Name:	Middle Initial:
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Home Phone:	Work Phone:	Cell Phone:	Other:
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Marital Status:	Employer:	Highest Education Received:	Speaks English? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Parent Email Address:	Lives on Federal Property? <input type="checkbox"/> YES <input type="checkbox"/> NO	Works on Federal Property? <input type="checkbox"/> YES <input type="checkbox"/> NO	Migrant Worker? <input type="checkbox"/> YES <input type="checkbox"/> NO
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NON-HOUSEHOLD PERSONS/EMERGENCY CONTACTS

Name:	Relationship:	Home Phone:	Cell Phone:
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Name:	Relationship:	Home Phone:	Cell Phone:
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Name:	Relationship:	Home Phone:	Cell Phone:
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SIBLING INFORMATION

Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Enrolled in APS School: <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of APS School in which currently enrolled:	Grade:
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Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Enrolled in APS School: <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of APS School in which currently enrolled:	Grade:
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Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Enrolled in APS School: <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of APS School in which currently enrolled:	Grade:
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Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Enrolled in APS School: <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of APS School in which currently enrolled:	Grade:
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REQUIRED PARENT/GUARDIAN RESIDENCY NOTICE

I understand that a student admitted under false information is illegally enrolled and will be dismissed or reassigned from Atlanta Public Schools upon discovery. Further, I understand that a person who knowingly and willfully...makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement of entry, in any matter... shall upon conviction thereof, be punished 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- 20). False information may result in the loss of a student's athletic eligibility for one calendar year. I further understand that it is my responsibility as the Parent/Legal Guardian to immediately inform the school district of any changes in the information provided. **Residency Notice:** 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). Students and their parent(s)/guardian(s)/custodian(s) must remain full-time City of Atlanta residents for the entire period of enrollment in Atlanta Public Schools. 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 for the purpose of this policy.

PARENT/GUARDIAN SIGNATURES

I SWEAR or AFFIRM THAT I AM A FULL-TIME RESIDENT OF THE CITY OF ATLANTA OR I AM AN EMPLOYEE OF ATLANTA PUBLIC SCHOOLS AND AFFIRM THAT THE INFORMATION I HAVE GIVEN IN THIS DOCUMENT IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Signature: _____

Date: _____

Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE - SCHOOL USE ONLY

Entry Date:	Student ID #:	Grade:	Homeroom:	Student Household Name:
Counselor#: Counselor Name: Advisor/Teacher: Conditional Enrollment: <input type="checkbox"/> NO <input type="checkbox"/> YES – until _____ ***** Is Parent/Guardian an APS employee: <input type="checkbox"/> No <input type="checkbox"/> Yes, if yes Attach copy of APS employment badge Transportation: <input type="checkbox"/> Bus#: _____ <input type="checkbox"/> Walker <input type="checkbox"/> Car <input type="checkbox"/> Day Care Bus <input type="checkbox"/> After-School Program Race/Ethnicity Determination <input type="checkbox"/> 01-Parent Identified <input type="checkbox"/> 02-Student Identified <input type="checkbox"/> 03-Observer Determined <input type="checkbox"/> 04-Unknown	Enrollment Documents Received: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> GA Immunization <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Ear Eye Dental <input type="checkbox"/> Proof of Address <input type="checkbox"/> Social Security Card <input type="checkbox"/> Transcript <input type="checkbox"/> SSN Waiver <input type="checkbox"/> Report Card <input type="checkbox"/> NCLB Transfer <input type="checkbox"/> Magnet Student <input type="checkbox"/> Withdrawal Form <input type="checkbox"/> Administrative Transfer <input type="checkbox"/> Court Proof of Legal Guardianship <input type="checkbox"/> Grandparent Power of Attorney <input type="checkbox"/> Non-Parental Affidavit Census Information Does Student household already exist? <input type="checkbox"/> YES -If Yes, enroll your new student only <input type="checkbox"/> NO - If No, enroll student and create household Household information: Parents, Address, Non-Household members & siblings must be entered		Residency Proof: All items must have same address Parent owns/leases property: <input type="checkbox"/> Lease or <input type="checkbox"/> Mortgage & <input type="checkbox"/> GA Power Bill 2 Additional Items: <input type="checkbox"/> Driver's License/ID <input type="checkbox"/> Bank/Financial <input type="checkbox"/> USPS Mail to parent <input type="checkbox"/> Employer (pay stub, W-2, 1099, Ins.) <input type="checkbox"/> Fulton Cty. Property Tax Statement <input type="checkbox"/> Fulton Voter Registration <input type="checkbox"/> Motor Vehicle Registration Affidavit of Residence Owner: <input type="checkbox"/> Lease or <input type="checkbox"/> Mortgage AND <input type="checkbox"/> GA Power Bill Enrolling Parent/Guardian: Must have three <input type="checkbox"/> Driver's License/ID <input type="checkbox"/> Bank/Financial <input type="checkbox"/> USPS Mail to parent <input type="checkbox"/> Employer (pay stub, W-2, 1099, Ins.) <input type="checkbox"/> Fulton Cty. Property Tax Statement <input type="checkbox"/> Fulton Voter Registration <input type="checkbox"/> Motor Vehicle Registration	
<input type="checkbox"/> Gifted <input type="checkbox"/> Special Education <input type="checkbox"/> Title 1 Math <input type="checkbox"/> Title 1 Reading <input type="checkbox"/> EIP/REP Reading <input type="checkbox"/> EIP/REP Math <input type="checkbox"/> Student Support Team <input type="checkbox"/> Immunization Adequate <input type="checkbox"/> Immunization Provisional <input type="checkbox"/> ESOL <input type="checkbox"/> Ear/Eye/Dental Adequate <input type="checkbox"/> Ear/Eye Dental Provisional <input type="checkbox"/> Attendance <input type="checkbox"/> Discipline <input type="checkbox"/> Psychological CRCT: Reading _____ Math _____ ITBS: Reading _____ Math _____ GHSGT: English _____ Writing: _____ Social Studies: _____ Science: _____ Math: _____				