

## STUDENT CENSUS DEMOGRAPHIC UPDATE FORM

School Name:					Grade:			
Student Last Name S			ident First Name			Student Middle Name		
Gender: O Male O Female Date of Bi		rth: Age: Student Cell		ll Phone #:				
Student Lives With: O Both Parents OMother only OFather only OLegal Guardian OFoster Parent								
O Grandparent Other:								
Parent(s)/Legal Guardian (s) Name:								
In which language would you prefer to receive school information?								
Current Address:								
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?     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?     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?     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?     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?     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?     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     Planting, growing, cutting, processing/Meat processing/Seafood   Fishing or fish farms     Other:   (specify occupation)     If you answered YES to any of the questions below, please complete the McKinney-Vento Intake form.     1. Is this student								
Work #:			Email:					
EMERGENCY CONTAC					Can student be			
NAME RELATIONSH		ΓΙΟΝSΗΙΡ	CONTACT #			picked up by this person		
						Oyes	ONO	
						Oyes	ONO	
						Oyes	ONO	
Enrolling Adult Name (Printed) Enrolling Adult Signature Date								
Notice: Atlanta Public Schools continues to report student race and ethnicity information to the State of Georgia based on the data captured in our Student Information System at the time of enrollment.								

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