



Mary Lin Elementary
586 Candler Park Drive
Atlanta, Georgia 30307
(404) 802-8850
(404) 802-8899 fax

www.marylinelementary.com

Welcome to Mary Lin Elementary! We have provided a checklist below for **required** registration documents. Please complete the attached forms and submit all documents listed below for enrollment.

The documents listed below are required for new student enrollment.

- Enrollment Form (Attached)
 - Original Birth Certificate (Copies will be made)
 - Original Social Security or Objection to Use of SSN
 - Photo Identification
The person enrolling a student should present proper identification. This identification may include a driver's license, a state identification card, a passport, or other official photo identification, such as an ID card obtained through an official government agency or consulate.
 - *Current Certificate of Vision, Hearing, and Dental (GA Form 3300)
*Current Certificate of Immunization (GA Form 3231)
 - Declaration of Residency (Attached)
 - Proof of Residency in Mary Lin's Attendance Zone (Must provide all documents listed below)
 - **Deed/Lease/Mortgage Statement**
 - **Current GA Power Bill**
- The person enrolling a student must provide proof of residency in the attendance zone.**
- Proof of Legal Guardianship (*if applicable*)
Proof of Legal Guardianship is required for enrollment if the enrolling adult is not the birth parent.
 - Records from previous school (*if applicable*)
 - Transcript/Discipline/Report Card from previous school



New Student Enrollment Form

Date: _____ School: _____

All new students must provide proof of residence upon enrollment and current students must provide proof of residence annually.

SCHOOL USE ONLY

STUDENT HOUSEHOLD NAME: _____

Student ID #: _____ Grade: _____ Homeroom: _____ Counselor Name: _____ Advisor/Teacher: _____

Transportation: Bus #: _____ Walker _____ Car _____ Day Care Bus _____ After-School Program _____

Supplemental Services: Gifted _____ Special Education _____ Student Support Team _____ ESOL _____ 504 _____

Conditional enrollment is only available during the school year. Students pre-enrolling or enrolling before school starts are not eligible for Conditional Enrollment. _____ 30 Day Conditional Enrollment Granted _____ 7 Day Conditional Enrollment Granted Ending Date _____

Items Needed To Complete Enrollment:

- | | | | |
|---------------------------|----------------------------|-------------------------------|------------------------------------|
| ____ BIRTH CERTIFICATE | ____ SOCIAL SECURITY CARD | ____ IMMUNIZATION CERTIFICATE | ____ EYE, EAR & DENTAL CERTIFICATE |
| ____ PHOTO IDENTIFICATION | ____ WITHDRAWAL FORM | ____ REPORT CARD/TRANSCRIPT | ____ PROOF OF RESIDENCY |
| ____ RESIDENCY AFFIDAVIT | ____ PROOF OF GUARDIANSHIP | | |

STUDENT INFORMATION

Last Name:		First Name:		Middle Name:	Suffix:
Grade:	Gender:	Current Age:	Date of Birth:	Social Security #:	
State of Birth:		Country of Birth: (If not USA)		Date Entered US School:	
Home Phone:			Student Cell Phone:		
Home Address: (Street Address)			Apt #:	City:	State: Zip:
1. Is this student's home address a temporary living arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No			3. Is this student in temporary or emergency foster care placement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Is this a temporary living arrangement due to loss of housing or economic hardship? <input type="checkbox"/> Yes <input type="checkbox"/> No			4. As a student, are you living with someone other than your parent or legal guardian? <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?		
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		Was/Is Student in EL/ESOL Program (English Learners)? <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	
<i>In order to provide your child with the best possible education, we need to determine how well he or she speaks and understands English. This survey assists school personnel in deciding whether your child may be a candidate for additional English language support. Final qualification for language support is based on the results of an English language assessment.</i>					
Which language does your child <u>best</u> understand and speak?		Which language does your child <u>most frequently</u> speak at home?		Which language do adults in your home <u>most frequently</u> use when speaking to your child?	
If possible, would you prefer to receive information in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language would you prefer?					



New Student Enrollment Form

Date: _____

School: _____

What is your child's race/ethnicity? (Select all that apply)

Is your child Hispanic/Latino?

- No, Not Hispanic/Latino**
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South American, Central American, or other Spanish Culture or origin, regardless of race.**
- 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.)
- 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.)
- 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.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

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? **(Check all that apply)**

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

PREVIOUS SCHOOL EXPERIENCE

Pre-School Experience: None Early Head Start GA Lottery Funded Pre K Title 1 Funded Pre- K Special Education 3 yrs. olds
Special Education 4 yrs. olds Private Pre-K Other Pre K Program

High School Experience: Please identify the year the student first (1st) entered ninth grade:

Has Student Attended an Atlanta Public School before? NO
YES Date: _____

Last School Attended in Atlanta Public Schools?

Previous School Attended
(if not in Atlanta Public Schools):

Previous School Address (City/State/Zip Code):	Previous School Phone #:	Grade	Date of Withdrawal:
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Is student currently suspended or pending expulsion from this school? <input type="checkbox"/> No <input type="checkbox"/> Yes	Has student been expelled from ANY school? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Reason for Suspension/Expulsion:

SIBLINGS ENROLLED IN APS

Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of APS School where sibling is currently enrolled:			Grade:
Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of APS School where sibling is currently enrolled:			Grade:
Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of APS School where sibling is currently enrolled:			Grade:

PARENT / LEGAL GUARDIAN INFORMATION



New Student Enrollment Form

Date: _____

School: _____

Student Lives With: Both Parents Mother only Father only Legal Guardian Foster Parent Grandparent

Other: _____

(If other than parent, LEGAL 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 Address:		Apt #:	City:	State:	Zip:
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Last Name:	First Name:		Middle Initial:	
Home Phone:	Work Phone:	Parent Cell Phone:		Other #:	
Marital Status:	Employer:	Highest Education Received:		Speaks English? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email Address:		Active Military <input type="checkbox"/> YES <input type="checkbox"/> NO	Works on Federal Property? <input type="checkbox"/> YES <input type="checkbox"/> NO	Lives on Federal Property? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Last Name:	First Name:		Middle Initial:	
Home Phone:	Work Phone:	Parent Cell Phone:		Other:	
Marital Status:	Employer:	Highest Education Received:		Speaks English? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Parent Email Address:		Works on Federal Property? <input type="checkbox"/> YES <input type="checkbox"/> NO		Lives on Federal Property? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select from the following: <input type="checkbox"/> Active Duty, Deployed <input type="checkbox"/> Active Duty, Not Deployed <input type="checkbox"/> Discharged <input type="checkbox"/> Inactive <input type="checkbox"/> Injured <input type="checkbox"/> Killed in Action <input type="checkbox"/> Retired <input type="checkbox"/> Student Military Identifier Only <input type="checkbox"/> Transitioning Out of Active Duty			
		Branch <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army Reserve <input type="checkbox"/> Army National Guard <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve <input type="checkbox"/> N/A			
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please select from the following: <input type="checkbox"/> Active Duty, Deployed <input type="checkbox"/> Active Duty, Not Deployed <input type="checkbox"/> Discharged <input type="checkbox"/> Inactive <input type="checkbox"/> Injured <input type="checkbox"/> Killed in Action <input type="checkbox"/> Retired <input type="checkbox"/> Student Military Identifier Only <input type="checkbox"/> Transitioning Out of Active Duty			
		Branch <input type="checkbox"/> Air Force <input type="checkbox"/> Air Force Reserve <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army Reserve <input type="checkbox"/> Army National Guard <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Marine Corps Reserve <input type="checkbox"/> Navy <input type="checkbox"/> Navy Reserve <input type="checkbox"/> N/A			



New Student Enrollment Form

Date:

School:

EMERGENCY CONTACT(S)			Can student be picked up by this person
Name:	Relationship:	Contact Number(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	Relationship:	Contact Number(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	Relationship:	Contact Number(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name:	Relationship:	Contact Number(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO

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.

PARENT/GUARDIAN SIGNATURES

I SWEAR or AFFIRM THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT.

_____	_____	_____	_____
Parent/Legal Guardian Signature	Date:	Parent/Legal Guardian Signature	Date:



DECLARATION OF RESIDENCY

Date parent/legal guardian started residing at address: _____

Full name of parent/legal guardian(s): _____

Home phone: _____ Work phone: _____ Cell phone: _____

Current address: _____

Children Currently Residing at Address	Date of Birth	APS School Enrolled
_____	_____	_____
_____	_____	_____
_____	_____	_____

Declaration of Residency

By signing below, I attest and agree to the following:

1. That I am the parent/court appointed legal guardian of each child listed above.
2. That each child listed above resides with me full time at the address listed above.
3. That I understand that I must notify Atlanta Public Schools within 14 days if I change residence or if any child listed above should change residence.
4. That I understand that representatives of Atlanta Public Schools may visit my home to verify residency.
5. That I understand that a student enrolled in Atlanta Public Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.
6. That I understand that making false statements or submitting false documentation to the Atlanta Public Schools and false swearing 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.

Signature of the Parent/Legal Guardian

Date

OWNER/LANDLORD/PRIMARY RENTER – The below section should be completed ONLY when the registering parent/legal guardian does not have a proof of residency in his/her name and lives with another City of Atlanta resident.

Full Name of Owner/Landlord: _____ Contact Phone #: _____

Current Address: _____

(You must provide a copy of your proof of residency to Atlanta Public Schools along with this form)

By signing below, I attest and agree to the following:

1. I am the legal owner, landlord or renter of the property listed above.
2. The persons listed above in this document reside with me full time or have my consent to live full time at the address above.
3. I understand that I must immediately notify Atlanta Public Schools if any person listed in this document should change residence.
4. I understand that representatives of Atlanta Public Schools may visit my home to verify residency of the persons listed above.
5. I understand that a student enrolled in Atlanta Public Schools under falsified information is illegally enrolled and will be immediately withdrawn from school.
6. I understand that making false statements or submitting false documentation to the Atlanta Public Schools and false swearing 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.

Signature of the Primary Owner/Renter

Date

This form should not be utilized for homeless students. Please see Board Policy JBC(1) and Administrative Regulation JBC(1)-R, Homeless Students.

**This Declaration of Residency form is only valid for enrollment or registration requirements completed up until August 1, 2020. On August 1, 2020 and continuing thereafter, the notarized affidavit of residency requirement according to Amin. Reg JBC-R(2) - School Admissions - Enrollment Requirements will be reinstated.*

LEASE VERIFICATION FORM



Dear Residence Manager, Landlord, or Agent:

Atlanta Public Schools received a lease from the below name person(s) and they have specified you and/or your company as the present landlord. We would appreciate your response to the following questions below at your earliest convenience. If you have additional information that may help in our decision, please feel free to comment or give us a call at 404-802- _____ or email us at _____@atlantapublicschools.us

RESIDENT(S) NAME: _____

OTHER OCCUPANT(S): _____

ADDRESS: _____

Manager, Landlord or Agent Name: _____ Phone #: _____

Fax: _____

I do hereby authorize the Manager, Landlord or Agent, to release the requested information to Atlanta Public Schools for their review. I also understand that representatives of Atlanta Public Schools may visit my home to verify residency. I understand and agree that this information may include names, addresses, or dates of birth of any/all lessees/occupants, move-in and/or move-out dates and dates of the Lease.

I certify under penalty of perjury that I am a resident of the above stated address and the information I submitted in support of my child's enrollment is complete and accurate. I understand that my child may be withdrawn from his or her assigned school if incomplete, inaccurate or false information is provided. I also understand that I must notify the school office within 10 days if my residence changes.

Signature

Date

Signature

Date

=====
Residency Status:

___ Current resident

___ Not a current resident

___ Has never been a resident

Lease Expires: _____

Lease Expired: _____

Comment: _____

Signature (Authorized Manager, Landlord, or Agent Responding)

Date