

# 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

*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.*

Which language does your child **best** understand and speak? \_\_\_\_\_

Which language does your child **most frequently** speak at home? \_\_\_\_\_

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

**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 & Step Parent  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  
 In which language would this person 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 this person 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/step-parent 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/step-parent 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
- Dairy/Poultry/Livestock
- Fishing or fish farms
- Processing/packing agricultural products
- Meatpacking/Meat processing/Seafood
- Other: \_\_\_\_\_ (specify occupation)

**STUDENT HEALTH INSURANCE STATUS**

Select the student health's insurance provider:

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

**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	_____	_____	_____	_____
#5	_____	_____	_____	_____

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 ten (10) 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