

STUDENT CENSUS DEMOGRAPHIC UPDATE FORM

School Name:		Grade:	
Student Last Name		Student First Name	
		Student Middle Name	
Gender: <input type="radio"/> Male <input type="radio"/> Female	Date of Birth:	Age:	Student Cell Phone #:
What is your child's race? (Select all that apply) <ul style="list-style-type: none"> <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.) <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.) <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.) <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.) <input type="radio"/> White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.) 			
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 <input type="radio"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer "yes", check all that applies: <input type="checkbox"/> Planting/picking vegetables (such as tomatoes, squash, onions) or fruits (such as grapes, strawberries, blueberries) <input type="checkbox"/> Planting, growing, cutting, processing trees (pulpwood), or raking pine straw <input type="checkbox"/> Processing/packing agricultural products <input type="checkbox"/> Dairy/Poultry/Livestock <input type="checkbox"/> Meatpacking/Meat processing/Seafood <input type="checkbox"/> Fishing or fish farms <input type="checkbox"/> Other: _____ (specify occupation)			
If you answered YES to any of the questions below, please complete the McKinney-Vento Intake form.			
1. Is this student's home address a temporary living arrangement? <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		3. Is this student in temporary or emergency foster care placement? <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	
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
<div style="display: flex; justify-content: space-between;"> <div>Enrolling Adult Name (Printed)</div> <div>Enrolling Adult Signature</div> <div>Date</div> </div>			

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.