



# 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.

**Parent/Guardian Checklist of Documents:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> BIRTH CERTIFICATE                            | <input type="checkbox"/> SOCIAL SECURITY CARD/OBJECTON | <input type="checkbox"/> IMMUNIZATION CERTIFICATE |
| <input type="checkbox"/> EYE, EAR & DENTAL CERTIFICATE                | <input type="checkbox"/> PHOTO IDENTIFICATION          | <input type="checkbox"/> WITHDRAWAL FORM          |
| <input type="checkbox"/> REPORT CARD/TRANSCRIPT                       | <input type="checkbox"/> PROOF OF RESIDENCY**          | <input type="checkbox"/> RESIDENCY AFFIDAVIT      |
| <input type="checkbox"/> STANDARDIZED TEST SCORES (CRCT, EOCT, GHSGT) |  |   |

\*\*Please visit the APS website (<http://www.atlanta.k12.ga.us/Page/34748>) for Proof of Residency Documents

**SCHOOL USE ONLY**

**STUDENT HOUSEHOLD NAME:** \_\_\_\_\_

Student ID #: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Counselor Name: \_\_\_\_\_ Advisor/Teacher: \_\_\_\_\_

Transportation: \_\_\_\_\_ Bus #: \_\_\_\_\_ Walker \_\_\_\_\_ Car \_\_\_\_\_ Day Care Bus \_\_\_\_\_ After-School Program \_\_\_\_\_  
 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:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> BIRTH CERTIFICATE             | <input type="checkbox"/> SOCIAL SECURITY CARD | <input type="checkbox"/> IMMUNIZATION CERTIFICATE |
| <input type="checkbox"/> EYE, EAR & DENTAL CERTIFICATE | <input type="checkbox"/> PHOTO IDENTIFICATION | <input type="checkbox"/> WITHDRAWAL FORM          |
| <input type="checkbox"/> REPORT CARD/TRANSCRIPT        | <input type="checkbox"/> PROOF OF RESIDENCY   | <input type="checkbox"/> RESIDENCY AFFIDAVIT      |
| <input type="checkbox"/> PROOF OF GUARDIANSHIP         |   |   |

School Records requested from \_\_\_\_\_ Date: \_\_\_\_\_ Received: \_\_\_\_\_

School Records requested from \_\_\_\_\_ Date: \_\_\_\_\_ Received: \_\_\_\_\_

Date: \_\_\_\_\_

Registration Personnel

**STUDENT INFORMATION**

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Name:</b>		<b>Suffix:</b>	
<b>Grade:</b>	<b>Gender:</b>	<b>Current Age:</b>	<b>Date of Birth:</b>		<b>Social Security #:</b>		
<b>State of Birth:</b>		<b>Country of Birth: (If not USA)</b>		<b>Date Entered US:</b>		<b>Date Entered US School:</b>	
<b>Home Phone:</b>				<b>Student Cell Phone:</b>			
<b>Home Address: (Street Address)</b>			<b>Apt #:</b>	<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Does Student Reside in Federally Subsidized Housing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Does Student have an IEP (Special education)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Is Student in ELL/ESOL Program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Was/Is student in Gifted/Challenge program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Does student have a 504 Plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Was/Is student involved in the Student Support Team?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Has the Family lived in another county in the last three (3) years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, what is the date your family arrived in Fulton county?</b>			<b>What language(s) did the student first learn to speak?</b>		<b>What language(s) does the student speak at home?</b>		
<b>What language(s) does the student speak most often?</b>			<p align="center"><b>What is your child's race? (Select all that apply)</b></p> <input type="checkbox"/> <b>American Indian or Alaska Native</b> (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"/> <b>Asian</b> (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"/> <b>Black or African American</b> (A person having origins in any of the Black racial groups of Africa – includes Caribbean Islanders and other of African origin.) <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> <b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)				
<p><b>Is your child Hispanic/Latino?</b></p> <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.)							



# New Student Enrollment Form

Date: \_\_\_\_\_ School: \_\_\_\_\_

Has your family moved in order to work in another city, county, or state, in the last three (3) years? \_\_\_ Yes \_\_\_ No  
 If so, what is the date your family arrived in the city/town you reside? \_\_\_\_\_

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)**

\_\_\_ Agriculture; planting/picking vegetables or fruits such as tomatoes, squash, grapes, onions, strawberries, blueberries, etc.  
 \_\_\_ Planting, growing, or cutting trees (pulpwood)/raking pine straw     \_\_\_ Processing/packing agricultural products  
 \_\_\_ Dairy/Poultry/Livestock     \_\_\_ Meatpacking/Meat processing/Seafood  
 \_\_\_ Fishing or fish farms     \_\_\_ 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 yr olds  
 Special Education 4 yr olds  Private Pre-K  Other Pre K Program

**High School Experience:** Please identify the year the student first (1<sup>st</sup>) entered ninth grade:

<b>Attended an Atlanta Public School before?</b> <input type="checkbox"/> YES Date: _____ <input type="checkbox"/> NO	<b>Last School Attended in Atlanta Public Schools?</b>
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**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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<b>Is student currently suspended or pending expulsion from this school?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Has student been expelled from ANY school?</b> <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:
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

**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:
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# New Student Enrollment Form

Date: \_\_\_\_\_ School: \_\_\_\_\_

<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:		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

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
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

**PARENT/GUARDIAN 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). 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	
<b>I SWEAR or AFFIRM THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT.</b>	
_____ <b>Parent/Legal Guardian Signature</b>  <b>Date:</b>	_____ <b>Parent/Legal Guardian Signature</b>  <b>Date:</b>