



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>							
What 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?							



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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 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
- ___ 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? No Yes

Has student been expelled from ANY school? No Yes

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



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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:	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		

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: