

For School Use:

Entry Date: _____

Grade Assigned: _____

Homeroom/Advisement: _____

Fulton County Schools Student Enrollment Form

SIS-1 R-03/04

FORM #113

(1) STUDENT INFORMATION

Student's Last Name _____ First name _____ Middle Name _____ Generation (ex.JR,III) _____

Preferred Name _____ Month/Day/Yr of Birth _____ Student's Social Security # _____

Home Street # and Name _____ PO Box _____ Apt # _____ City _____ Zip+4 _____

Home Phone _____ Complex/Subdivision Name _____

School system of residence if other than Fulton: _____ County of residence if other than Fulton: _____ Name of school serving area in which student lives: _____

Restrict Directory Info? _____ Sex _____ Race _____

A-Asian	H-Hispanic	B-African-American
M-Multi-Racial	W-Caucasian	I-Native Indian/Alaskan

(2) PARENT/GUARDIAN INFORMATION Complete a box for each parent, step-parent, or guardian

Parent 1 Home Address & Phone Number if Different From Student's

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Alt/Cell: _____
 Occupation: _____
 Bus. Name: _____
 Bus Address: _____
 City/State/Zip: _____
 Bus. Phone: _____
 Relationship: _____
 Contact with student is allowed? _____
 Resides with this parent/guardian? _____
 Parent responsible for student? _____
 Works for fed gov't or on fed property? _____
 Email: _____

Parent 2 Home Address & Phone Number if Different From Student's

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Alt/Cell: _____
 Occupation: _____
 Bus. Name: _____
 Bus Address: _____
 City/State/Zip: _____
 Bus. Phone: _____
 Relationship: _____
 Contact with student is allowed? _____
 Resides with this parent/guardian? _____
 Parent responsible for student? _____
 Works for fed gov't or on fed property? _____
 Email: _____

Parent 3 Home Address & Phone Number if Different From Student's

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Alt/Cell: _____
 Occupation: _____
 Bus. Name: _____
 Bus Address: _____
 City/State/Zip: _____
 Bus. Phone: _____
 Relationship: _____
 Contact with student is allowed? _____
 Resides with this parent/guardian? _____
 Parent responsible for student? _____
 Works for fed gov't or on fed property? _____
 Email: _____

Parent 4 Home Address & Phone Number if Different From Student's

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Alt/Cell: _____
 Occupation: _____
 Bus. Name: _____
 Bus Address: _____
 City/State/Zip: _____
 Bus. Phone: _____
 Relationship: _____
 Contact with student is allowed? _____
 Resides with this parent/guardian? _____
 Parent responsible for student? _____
 Works for fed gov't or on fed property? _____
 Email: _____

(3) MEDICAL/EMERGENCY INFORMATION

Family Physician _____

Physician's Business Name _____

Physician's Phone _____

Insurance/Health Coverage _____

Note medical problems, medication requirements, life-threatening allergies, and other special instructions:

The persons below have authorization to pick-up my child during school hours and can be reached at the numbers listed:

Name Phone Number Relationship Check student out of school?

List siblings in THIS school:

(4) ENROLLMENT INFORMATION

Has student ever attended a Fulton Co. School?

- C**-Continue in same school **A**-From home study
- U**-From within system **N**-Never attended school
- T**-From another GA public school **S**-Re-entry after illness
- O**-From another state or country **I**-Re-entry after incarceration
- P**-From a private school **R**-Re-entry - other
- B**-Previously WD from this school & year

If yes, give name of school(s):

Entry Code: _____

Prior School Information:

Non-Fulton Co. prior school name: _____

Address of prior school: _____

Phone Number of prior school: _____

Enrolled from: / / **to** / /

Country of Birth: _____ Date first entered a USA school: _____

What is the first language the student learned (Primary Language)?

What language does the student speak at home (Home Language)?

What language does the student communicate in most often (Correspondence Language)?

PreK Program Attended (choose from below):

- 1. GA PK-Public School 5. Private Non-Profit PK
- 2. Public Sponsored PK (Title 1) 6. Private For-Profit PK
- 3. Head Start 7. Did not attend PK
- 4. Other Public School 8. GA PK-Private School

Has the student ever received services in the following programs?

EIP: _____

Title 1: _____

ESOL: _____

Special Ed: _____

If Spec Ed which area? _____

Gifted: _____

Remedial Ed: _____

Other Programs(specify): _____

Placement Information

Majority to Minority Student: _____

ESOL Student: _____

NCLB: _____

Homeless: _____

504: _____

Hardship Student (circle one below):

Childcare, Curriculum, Moving, Employee, Medical, Adm.Placement

Magnet Program Student (circle one below):

Art/Science, Math/Science, International Studies, Visual & Performing Arts, International Studies Tuition

(5) FOR SCHOOL USE ONLY

Immunization Code: _____

Student has met the following requirements:

E-Medical Exemption

Ear Exam: _____ Emer. Sig Card: _____

N-GA Requirements Not Met

Eye Exam: _____ Birth Certificate: _____

R-Religious Exemption

Dental Exam: _____

W-30-Day,90-Day,180-Day Waiver

Follow-up Date: _____

Y-GA Requirements Met

Parent Signature _____ Date _____

Student's Name:

Last

First

Middle

Birth Date:

**Fulton County Board of Education
Emergency Transportation/Treatment Release**

In the event that I cannot be reached, I give permission for this student to be transported to a hospital and authorize the hospital to provide emergency medical or surgical treatment. I will assume full responsibility for all charges related to the above and release the hospital, the school and the school system, its agents, employees, administrators, and assigns from any and all liability claims and causes of action arising in connection with the transportation and/or treatment of the student named hereon.

Parent/Legal Guardian's Signature

Parent/Legal Guardian's Name (Print)

Home Language Survey

In order to comply with State guidelines, we are required to have a Home Language Survey completed for each student registering in a Georgia public school.

Student: _____

Date: _____

School: _____

Grade: _____

1. What was the language(s) the student first learned to speak?

2. What language(s) does the student speak at home?

3. What language(s) does the student speak most often?

****At Registration****

If any answer contains a language other than English, please give a copy immediately upon registration to the designated ESOL staff member at your school. If your school does not have an ESOL Program, please contact the ESOL Counselor assigned to your school as soon as possible.

A copy of this form must be placed in the ESOL folder.

Revised 6/03