

For School Use:

Entry Date: ____/____/____
 Grade Assigned: ____
 Homeroom/Advisement: _____

**FULTON COUNTY SCHOOLS
 STUDENT ENROLLMENT FORM**

SIS-1
 Revised 08/07
 FORM #113

(1) STUDENT INFORMATION **Type All Information. Review, Print, Sign and Submit.**

<p>Student's Last Name First Name Middle Name Generation (ex. JR,III)</p> <p>Preferred Name Month/ Day /Year of Birth Student's Social Sec. #</p> <p>Home Address: Street # Street Name Apt. # City Zip +4</p> <p>Home Phone: Complex/Subdivision Name:</p> <p>School system of residence if other than Fulton: RESTRICT DIRECTORY INFORMATION? County of residence if other than Fulton: Y N Name of School Serving area in which student lives:</p>	<p>Select One In Each Group:</p> <p>Sex: M - Male F - Female</p> <p>Is this student Hispanic/Latino? (Choose only one) No, not Hispanic/Latino Yes, Hispanic/Latino</p> <p>What is the student's race? (Choose one or more)</p> <p>1 - American Indian or Alaska Native 2 - Asian 3 - Black or African American 4 - Native Hawaiian or Other Pacific Islander 5 - White</p>
---	---

(2) PARENT/GUARDIAN INFORMATION (Complete a box for each parent, step-parent, or guardian; add page if necessary)

<p>Name: Last First, MI Suff.</p> <p><i>Home Address & Phone If Different From Student's</i> Address: City/State/Zip+4: Home Phone: Alt/Cell Phone: Email: Occupation: Business Name: Business Address: City/State/Zip+4: Business Phone: Business Email:</p> <p>Select Relation to Student:</p> <table style="width: 100%; text-align: center;"> <tr> <td>Mother</td> <td>Stepmother</td> <td>Legal Guardian</td> </tr> <tr> <td>Father</td> <td>Stepfather</td> <td>Other</td> </tr> </table> <p>Contact w/student is allowed? Yes No Resides with this parent/guardian? Yes No Parent/guardian is responsible for student? Yes No Works for federal gov't or on federal property? Yes No</p>	Mother	Stepmother	Legal Guardian	Father	Stepfather	Other	<p>Name: Last First, MI Suff.</p> <p><i>Home Address & Phone If Different From Student's</i> Address: City/State/Zip+4: Home Phone: Alt/Cell Phone: Email: Occupation: Business Name: Business Address: City/State/Zip+4: Business Phone: Business Email:</p> <p>Select Relation to Student:</p> <table style="width: 100%; text-align: center;"> <tr> <td>Mother</td> <td>Stepmother</td> <td>Legal Guardian</td> </tr> <tr> <td>Father</td> <td>Stepfather</td> <td>Other</td> </tr> </table> <p>Contact w/student is allowed? Yes No Resides with this parent/guardian? Yes No Parent/guardian is responsible for student? Yes No Works for federal gov't or on federal property? Yes No</p>	Mother	Stepmother	Legal Guardian	Father	Stepfather	Other	<p>Name: Last First, MI Suff.</p> <p><i>Home Address & Phone If Different From Student's</i> Address: City/State/Zip+4: Home Phone: Alt/Cell Phone: Email: Occupation: Business Name: Business Address: City/State/Zip+4: Business Phone: Business Email:</p> <p>Select Relation to Student:</p> <table style="width: 100%; text-align: center;"> <tr> <td>Mother</td> <td>Stepmother</td> <td>Legal Guardian</td> </tr> <tr> <td>Father</td> <td>Stepfather</td> <td>Other</td> </tr> </table> <p>Contact w/student is allowed? Yes No Resides with this parent/guardian? Yes No Parent/guardian is responsible for student? Yes No Works for federal gov't or on federal property? Yes No</p>	Mother	Stepmother	Legal Guardian	Father	Stepfather	Other
Mother	Stepmother	Legal Guardian																		
Father	Stepfather	Other																		
Mother	Stepmother	Legal Guardian																		
Father	Stepfather	Other																		
Mother	Stepmother	Legal Guardian																		
Father	Stepfather	Other																		

(3) MEDICAL/EMERGENCY INFORMATION

Family Physician First/Last Name: _____ Phone: _____ ext. _____
 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.

First Name, Last Name	Phone Number	Relationship to Student	Check out of School?
			Y N
			Y N
			Y N
			Y N

List Siblings in THIS school: _____

(4) ENROLLMENT INFORMATION

Has student ever attended a Fulton County School? Yes No
 If yes, give name of school(s): _____
 Entry Codes: (Select One)

C Continue in same school	A From a home school
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	
V Admitted under School Choice	
W Admitted under SB10	
X Admitted under USCO	

(5) FOR SCHOOL USE ONLY

Immunization Code (Circle One)	Student has met the following requirements:
E - Medical Exemption	Ear Exam Yes _____ No _____
N - GA Requirements Not Met	Eye Exam Yes _____ No _____
R - Religious Exemption	Dental Exam Yes _____ No _____
W - 30-Day, 90-Day, 180-Day Waiver	Emer.Sig.Card Yes _____ No _____
Follow-up Date: ____/____/____	Birth Certificate Yes _____ No _____
Y - GA Requirements Met	Affidavit of Residence Yes _____ No _____
	Student Information Card Yes _____ No _____

Prior School Information

Non-FultonCo. prior school name: _____
 City & State of prior school: _____
 Enrolled from: _____ to: _____
 Country of Birth: _____
 Date first entered a USA School (mm/dd/yy): _____
 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)? _____

High School Course of Study/Graduation Track _____ * Valid only if student entered 9th grade prior to 8/25/97

Circle One: _____ **Valid only if student entered 9th grade on or after 8/25/97

B - Both College Prep. And Career Tech*
 C - College Preparatory
 D - College Prep w/Distinction
 H - Career Tech Prep.**
 M - College Prep & Career Tech Prep w/Distinction
 N - College Prep w/Distinction & Career Tech. Prep
 Q - College Prep & Career Tech w/Distinction
 S - Special Education
 U - Career Tech Prep w/Distinction
 V - Career Technology*

Date 1st entered 9th grade (mm/dd/yy): ____/____/____

High School Only:
 I have received a student handbook.

Student Signature: _____

Has student ever received services in the following programs?

Gifted	Yes	No
EIP	Yes	No
Title I	Yes	No
ESOL	Yes	No
Remedial Ed	Yes	No
Spec. Educ.	Yes	No

Other Programs (Specify) _____ If Yes, Area _____

PreK Program Attended: Select One

1. GA PK-Public School	5. Private Non-Profit PK
2. Public Sponsored PK (Title1)	6. Private For-Profit PK
3. Head Start	7. Did not attend PK
4. Other Public School	8. GA PK-Private School

Date: _____

PARENT SIGNATURE: _____

Placement Information

Majority to Minority	Student NCLB
ESOL Student	504
Homeless	

Hardship Student (Select one)

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

Magnet Program Student (Select one)

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