For School Use:

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

FULTON COUNTY SCHOOLS
STUDENT ENROLLMENT FORM

SIS-1
Revised 04/14
FORM #113

(1)STUDENT INFORMATION Print All Information Clearly.

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

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

Home Address: _____
Street # and Name P.O. Box if App. Apt. # City Zip +4

Home Phone: ( ) _____ Complex/Subdiv.Name: _____

School system of residence if other than Fulton:_____ RESTRICT DIRECTORY INFORMATION? Y N
County of residence if other than Fulton: _____
Name of School Serving area in which student lives: _____

Circle One In This Group: SEX: M - Male
F - Female

Is this student Hispanic/Latino? (Choose only one)
☐ No, not Hispanic/Latino
☐ Yes, Hispanic/Latino

What is the student's race? (Choose one or more)
1 - ☐ American Indian or Alaska Native
2 - ☐ Asian
3 - ☐ Black or African American
4 - ☐ Native Hawaiian or Other Pacific Islander
5 - ☐ White

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

Name:_____
Last First MI Suff.
Home Address & Phone If Different From Student's
Address: _____
City/State/Zip+4: _____
Home Phone: ( ) _____
Alt/Cell Phone: _____
Occupation: _____
Business Name: _____
Business Address: _____
City/State/Zip+4: _____
Business Phone: ( ) _____
Circle Relation to Student: Mother,Father, Stepmother, Stepfather, Legal Guardian,Other
Contact w/student is allowed? Y N
Resides with this parent/guardian? Y N
Parent/guardian is responsible for student? Y N
Works for federal gov't or on federal property? Y N
Email_____

Name:_____
Last First MI Suff.
Home Address & Phone If Different From Student's
Address: _____
City/State/Zip+4: _____
Home Phone: ( ) _____
Alt/Cell Phone: _____
Occupation: _____
Business Name: _____
Business Address: _____
City/State/Zip+4: _____
Business Phone: ( ) _____
Circle Relation to Student: Mother,Father, Stepmother, Stepfather, Legal Guardian,Other
Contact w/student is allowed? Y N
Resides with this parent/guardian? Y N
Parent/guardian is responsible for student? Y N
Works for federal gov't or on federal property? Y N
Email_____

Name:_____
Last First MI Suff.
Home Address & Phone If Different From Student's
Address: _____
City/State/Zip+4: _____
Home Phone: ( ) _____
Alt/Cell Phone: _____
Occupation: _____
Business Name: _____
Business Address: _____
City/State/Zip+4: _____
Business Phone: ( ) _____
Circle Relation to Student: Mother,Father, Stepmother, Stepfather, Legal Guardian, Other
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
Email_____

(3)MEDICAL/EMERGENCY INFORMATION

Family Physician
First/Last Name: _____ **Physician's 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.

FirstName,LastName	Phone Number	Ext.	Relationship	Chk out of School?
_____	( ) _____	_____	_____	Y N
_____	( ) _____	_____	_____	Y N

List Siblings in THIS school:

(4)ENROLLMENT INFORMATION

Has student ever attended a Fulton County School? Yes No
If no, Non-Ful.Co. prior school name: _____
City & State of prior school: _____
Enrolled from ____/____/____ to ____/____/____
If yes, give name of school(s): _____
Country of Birth _____
Date first entered a USA School (mm/dd/yy) _____

Entry Codes: (Circle One)

C Continue in same school	W Admitted under SB10
U From within system	X Admitted under USCO
T From another GA public school	A From a home school
O From another state or country	N Never attended school
P From a private school	S Re-entry after illness
B Previously WD from this school & year	I Re-entry after incarceration
V Admitted under School Choice	R Re-entry other

(5) REQUIRED INFORMATION

Active Military Yes No

Active Military indicates whether the student has a parent or guardian who is active in US Armed Forces, including the National Guard or Reserve Forces.

(6) MANDATORY FOR ALL STUDENTS

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.

**Which language does your child most frequently speak at home? (Primary/Native Language)? _____
**Which language do adults in your home most frequently use when speaking with your child? (Home Language)?_____
**Which language(s) does your child currently understand or speak? (Correspondence Language) ?_____

(7)FOR SCHOOL USE ONLY

Immunization Code (Circle One)
E - Medical Exemption
N - GA Requirements Not Met
R - Religious Exemption

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

Follow-up Date: _____/_____/_____

Y - GA Requirements Met

Student has met the following requirements:
Ear Exam Yes _____ No _____
Eye Exam Yes _____ No _____
Dental Exam Yes _____ No _____

Emer.Sig.Card Yes _____ No _____

Birth Certificate Yes _____ No _____

High School Course of Study/Graduation Track

Circle One:
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

* Valid only if student entered 9th grade prior to 2009

**Valid only if student entered 9th grade in 2009 or later

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	Homeless	Yes	No
504	Yes	No			
Spec. Educ.	Yes	No	If Yes, Area	_____	

Other Programs (Specify) _____

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

Hardship Student (Circle one)
Childcare, Curriculum, Moving,Employee, Medical, Adm.Placement

Magnet Program Student (Circle one)
Art/Science, Math/Science International Studies,
Visual & Performing Arts, International Studies Tuition

PARENT SIGNATURE: _____