Westlake HS Enrollment Checklist – PARENT/GUARDIAN

Requirements for Registration:

☐ Verification of School Attendance Zone
  ➤ To ensure that you’re enrolling at the correct school, visit http://edulogweb.fultonschools.org or contact the office of Student Placement at (470) 254-5550.
  ➤ For Bus Number, Route, and Schedule, click on the school name listed

☐ Parent/Guardian's Legal ID (i.e. Driver’s License, State ID, Passport, etc.)

☐ Students Birth Certificate/Proof of DOB from County Approved List (i.e. Military ID, Passport, etc.)

☐ Students Social Security Card

☐ TWO Approved Proofs of Residency
  ➤ One “Current” Water, or Electric AND one “Current” document from the list below:
    o Copy of Current Home Mortgage Bill
    o Copy of Apartment/House Lease
    o Copy of Current HOA Bill
    o Copy of Home Sale Contract
    o Copy of Homeowner's/Renter’s Insurance
    o Valid Georgia Driver's License/ID with Current Address
    o Copy of Current Paycheck
    o Copy of Current Bank Statement
    o Copy of Section Eight/HUD Housing Document

***Both documents MUST contain the “enrolling Parent/Guardian’s” name & current address***

☐ Final Grades & Withdrawal Packets for Current School Year 20__ - 20__
  o Transfer/Withdrawal Packet must include:
    1. Discipline and Attendance Record
    2. Current Schedule (only if transferring in the middle of the semester)
    3. Transcript (only for summer registration)

☐ Immunization “Georgia Form 3231”
  ➤ Date of Waiver Expiration: _________________________

☐ Ear, Eye and Dental “Georgia Form 3300”
  ➤ Date of Waiver Expiration: _________________________

☐ IEP if Applicable

☐ Other
  ➤ ________________________________
  ➤ ________________________________

***Documents provided from Parent/Guardian MUST be originals (Copy's will be made and originals returned)***

Parent Signature: _______________________________ Date: ___________________________
# Fulton County Schools Student Enrollment Form

**For School Use:**

Entry Date: 
Grade Assigned: 
Homecoming/Admission: 

### (1) Student Information

<table>
<thead>
<tr>
<th>Column</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student's Last Name</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Generation (ex. JR III)</td>
<td></td>
</tr>
<tr>
<td>Preferred Name</td>
<td></td>
</tr>
<tr>
<td>Month/Day/Yr of Birth</td>
<td></td>
</tr>
<tr>
<td>Student's Social Security #</td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td></td>
</tr>
<tr>
<td>Street # and Name</td>
<td></td>
</tr>
<tr>
<td>P.O. Box if App. Apt. City Zip+4</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>Complex/Subdiv. Name</td>
<td></td>
</tr>
</tbody>
</table>

**Circle One In This Group:**

- [ ] M - Male
- [ ] F - Female

**Is this student Hispanic/Latino?**
- [ ] No, not Hispanic/Latino
- [ ] Yes, Hispanic/Latino

**What is the student’s race?**
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White

**Restrict Directory Information?**
- [ ] Y
- [ ] N

**School system of residence if other than Fulton:**

**County of residence if other than Fulton:**

**Name of School Serving area in which student lives:**

### (2) Parent/Guardian Information

**Complete a box for each parent, step-parent, or guardian; add page if necessary.**

<table>
<thead>
<tr>
<th>Parent/Guardian Information</th>
<th>First Name</th>
<th>Last Name</th>
<th>MI Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address &amp; Phone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City/State/Zip+4:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone: ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alt/Cell Phone:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City/State/Zip+4:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Phone: ( )</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Circle Relation to Student:**
- [ ] Mother
- [ ] Father
- [ ] Stepfather
- [ ] Legal Guardian

**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 govt or on federal property?**
- [ ] Y
- [ ] N

### (3) Medical/Emergency Information

<table>
<thead>
<tr>
<th>Column</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Physician</td>
<td></td>
</tr>
<tr>
<td>First/Last Name</td>
<td></td>
</tr>
<tr>
<td>Physician's Phone: ( ) ext.</td>
<td></td>
</tr>
</tbody>
</table>

### (4) Enrollment Information

<table>
<thead>
<tr>
<th>Column</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has student ever attended a Fulton County School?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, give name of school(s):</td>
<td></td>
</tr>
</tbody>
</table>
**FOR SCHOOL USE ONLY**

<table>
<thead>
<tr>
<th>Immunization Code (Circle One)</th>
<th>Student has met the following requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A - Medical Exemption</td>
<td>Bar Exam: Yes ☐ No ☐</td>
</tr>
<tr>
<td>B - GA Requirements Not Met</td>
<td>Eye Exam: Yes ☐ No ☐</td>
</tr>
<tr>
<td>C - Religious Exemption</td>
<td>Dental Exam: Yes ☐ No ☐</td>
</tr>
<tr>
<td>D - 30-Day, 90-Day, 180-Day Waiver</td>
<td>Emer. Sig. Card: Yes ☐ No ☐</td>
</tr>
<tr>
<td>Follow-up Date: <strong>/</strong>/____</td>
<td>Birth Certificate: Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

**GA Requirements Met**

**High School Course of Study/Graduation Track**

<table>
<thead>
<tr>
<th>Circle One:</th>
<th>Valid only if student entered 9th grade prior to 8/25/97</th>
</tr>
</thead>
<tbody>
<tr>
<td>B - Both College Prep. And Career Tech*</td>
<td><strong>Valid only if student entered 9th grade on or after 8/25/97</strong></td>
</tr>
</tbody>
</table>

**Date 1st entered 9th grade (mm/dd/yyyy): __/__/____**

**Placement Information**

<table>
<thead>
<tr>
<th>Majority to Minority Student</th>
<th>ESOL Student</th>
<th>NCLB</th>
<th>Homeless</th>
<th>Hardship Student (Circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Childcare, Curriculum, Moving, Employee, Medical, Admin. Placement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Magnet Program Student (Circle one)</td>
</tr>
</tbody>
</table>

**Parent Signature:** ____________________________
RESIDENCE VERIFICATION FORM

STUDENT NAME: ____________________________________________________________

Last Name, First Name, M.I

GRADE: ___________________ ENROLLMENT DATE: ______________________________

ENROLLING PERSON: _______________________________________________________

PLEASE CHECK ONE (1) “CURRENT” UTILITY BILL PROVIDED:

☐ WATER ☐ ELECTRIC

PLEASE CHECK ONE (1) “CURRENT” PROOF OF RESIDENCY:

*** Both Documents MUST contain enrolling parent/guardians name and current address***

☐ HOME MORTGAGE BILL
☐ VALID STATE DRIVERS LICENSE/ID WITH CURRENT ADDRESS (Originals must
  be provided for residency verification)
☐ HOME SALES CONTRACT
☐ SECTION 8/HUD HOUSING CONTRACT
☐ HOMEOWNER’S/RENTER’S INSURANCE CARD
☐ BANK STATEMENT
☐ PAYCHECK STUB
☐ APARTMENT/HOUSE LEASE
☐ HOA BILL/STATEMENT

For School official Use Only

WAS A 30-DAY PROVISIONAL PROVIDED? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE EXPIRATION DATE: ____/____/______

VERIFYING STAFF NAME (Print only): _______________________________________


Student Health Services

30-Day Waiver of Immunization Certificate Requirement and Immunization Exemptions

STUDENT’S NAME: ____________________________

(First)                                      (Middle)                                      (Last)

EXPIRATION DATE: ____________________________ GRADE: ____________________________

The laws of Georgia (Georgia Code 20-2-771) require a Georgia Certificate of Immunization or a notarized statement that says immunizations are against the parent’s religion be on file for every student. The form is provided by the Georgia Department of Human Resources – Form 3231. The notarized statement is called an “Affidavit of Religious Exemption.” Students without the required Georgia Certificate of Immunization or statement cannot attend school.

However, the law provides for a waiver of this requirement for 30 calendar days which allows the parent/guardian to get a valid certificate or affidavit of religious exemption. Based upon your intention to secure the necessary Georgia Certificate of Immunization, your son/daughter is granted a 30-day waiver of the Immunization requirement and will be enrolled for 30 days until the date listed above.

As the parent/guardian, please contact your child’s healthcare provider or the local health department in order to obtain the necessary certificate. The Fulton County Department of Health & Wellness (local health centers) has several locations for your convenience. Please make sure you take the student and any immunization records you have to the healthcare provider or health center.

If you successfully obtain the appropriate Georgia Certificate of Immunization, then the certificate should be taken to the school immediately, but in all cases, within 30 days.

Georgia allows for two types of exemptions from the Immunization requirements: medical and religious. A medical exemption must be marked on the Certificate of Immunization and must be reviewed by a physician once a year. This is indicated by the “Date of Expiration.” If there is a religious exemption, the parent/guardian must give the school a signed and dated notarized statement or affidavit stating that immunizations are against their religious beliefs. The affidavit does not expire.

Unless a Georgia Certificate of Immunization or religious exemption is submitted by the date shown above, the student must be withdrawn from school until such time the required certificate is submitted to the school. (For out-of-state transfers, Georgia law provides for a possible waiver extension under strict provisions while immunizations are being received. Contact the principal or Student Health Services at 404-305-2177 for details).

The staff of the school system regrets any inconvenience this requirement may cause. Thank you for your cooperation and compliance to this requirement.

I understand the conditions under which my child is being enrolled in school and know he/she will be withdrawn after 30 days if a Georgia Certificate of Immunization is not submitted.

______________________________
Parent’s/Guardian’s Signature

______________________________
School Official’s Signature

______________________________
School Name

Revised 7/08
**FULTON COUNTY SCHOOLS**

**AUTHORIZATION TO RELEASE CONFIDENTIAL STUDENT INFORMATION**

Student Full Name (Please Print): ___________________________ Date of Birth: ___/___/____

Parent/Guardian Name (Please Print): ___________________________ School: ___________________________

☑ I authorize the persons or agencies listed below to release confidential records, medical, health and educational information and/or other confidential student information (as identified below) for the above student.

**PERSON/AGENCY RELEASING RECORDS (PLEASE PRINT):**

Name/Organization: ___________________________ Phone: ___________________________

Address: ___________________________ Fax: ___________________________

City: ___________________________ State: _____ Zip Code: _____

**THESE RECORDS MAY BE FORWARDED TO (PLEASE PRINT):**

Name/Organization: Westlake High School Phone: 470.254.6434

Address: 2400 Union Road Fax: 470.254.6415

City: Atlanta State: GA Zip Code: 30331

☐ Release of student information will be reciprocal between persons/agency listed above (Please check box).

☒ I understand that signing this authorization is voluntary and may be revoked at any time by providing written notice to Fulton County School System. The withdrawal of this authorization does not affect any student information disclosed prior to this written notice.

☒ This authorization expires: ___/___/____

(insert applicable date or if blank, consent expires 12 months from date signed on this release)

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**The following information will be released/exchanged (Check All That Apply):**

**EDUCATIONAL RECORDS**

☑ All Student Educational Records
   - Enrollment
   - Withdrawal
   - Attendance
   - Behavior
   - Grades/Progress reports
   - Immunization
   - Official Transcript
   - Student Intervention Team records/minutes/plans
   - Other: ___________________________

☑ SPECIAL EDUCATION RECORDS **MAIL ONLY**

☑ All Special Education Evaluation and Records
   - IEP Meeting Minutes
   - Individualized Education Plans (IEP)
   - Consent for Placement
   - Consent for Evaluation
   - Adaptive Behavior reports or checklists
   - Behavioral reports or checklists
   - Transition Plan
   - Eligibility Reports for all Categories of Disability
   - Developmental/Social/Behavioral History
   - Other: ___________________________
   - Other: ___________________________

**SPECIALIZED EVALUATIONS AND RECORDS **MAIL ONLY**

☐ All Specialized Evaluation and Records
   - Psychological
   - Neuropsychological
   - Treatment Plan/Recommendations
   - Occupational Therapy
   - Physical Therapy
   - Speech Language
   - Vision
   - Hearing
   - Otological
   - Audiological
   - Other: ___________________________

**MEDICAL EVALUATION AND RECORDS**

☐ All Medical Records
   - Psychiatric
   - Ophthalmic
   - Medications
   - Educational Impact Summary
   - Discharge Summary
   - Outpatient Treatment Plan
   - Other: ___________________________
   - Other: ___________________________

---

Parent/Guardian Signature: Moira Holland Date: ___/___/____

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FCS Authorization To Release Confidential Student Information | AUG 2017
ENROLLMENT HISTORY

Please list ALL previous high schools in which credits have been earned.

1. School & Year: ____________________
   City & State: ____________________
   Fax Number: ____________________

2. School & Year: ____________________
   City & State: ____________________
   Fax Number: ____________________

3. School & Year: ____________________
   City & State: ____________________
   Fax Number: ____________________

Westlake Lions
Throughout the school year the Fulton County School District ("District") and local schools will conduct activities that may be publicized through local or national news media.

I grant permission for the Fulton County School District to use or publicly display my/my child's photograph, video, audio clip, name, age, grade, school and school activities or achievements on the District's website(s), individual school web pages, District or school social media (such as Facebook, Twitter, Instagram or similar), or in other official District publications without further notice for any purpose deemed acceptable to the District.

I acknowledge the District's right to crop, edit, or treat the photograph, video, or audio clip of me/my child at its discretion.

I also agree that my child/I will participate in any publicity activities for events sponsored by the District. Such activities may include but are not limited to: interview sessions with third party (non-District) news reporters; photographs for third party (non-District) newspapers or various District publications including newsletters, calendars, and brochures; videotaping for local and national television newscasts, cable programming, and School District promotional videos.

I understand that although the District makes efforts to only engage student in positive media activities, the District has no control over how third party media use information from me/my child.

I understand that this permission is effective as long as I/my child attends the school listed below or until I give further notice to district or school administration.

NOTE: This form must be completed by student if the student is 18 years of age or older.

Parent/Guardian Name (please print)  Parent/Guardian Signature

Student Name (please print)  Student Signature (if 18 years of age or over)

School Name (please print)

Grade
Circle one  09  10  11  12

Date

July 2014
Westlake High School

Services for Exceptional Children (SEC) and 504 Enrollment Questionnaire

Print Student's Name: ________________________________

(Last,    First,    Middle Initial)

Print Parent's Name: ________________________________

(Last,    First,    Middle Initial)

D.O.B.: _______ Current Grade Placement: _______ Previous School: ________________________________

Parent Phone Number: ________________________________

Is/was this student currently enrolled in a Special Education Program?

___ Yes

___ No

___ Uncertain

Is/Was this student currently receiving 504 services?

Yes____

No____

Uncertain____

If so, what grade(s) and/or year(s) was this student last placed in a Special Education Program or 504 Program? ______

Name of previous school: ________________________________________________________________

City, State, School District: ___________________________________________________________

School Phone number: ________________________________

Parent/Guardian Signature: ________________________________ Date _______