



# Clayton County Public Schools 2017-2018 Student Enrollment Form

School: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT INFORMATION

Have you enrolled any other student (s) in the Clayton Count Public School System for the 2017-2018 school year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last Name:		First Name:		Middle Name:
Suffix:				
Grade:	Gender:	Date of Birth:	Social Security #:	
State of Birth: (USA)	Country of Birth: (if not in USA)		If not born in the United States, when did the student first enroll in a U.S. school?	
Home Phone Number:			Cell Phone Number:	
Home Address:		Apt#	City:	State: Zip:
Does the Student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No (Individualized Educational Program) If yes, what is the disability? _____		Does the Student have an IHP? <input type="checkbox"/> Yes <input type="checkbox"/> No (Individualized Health Plan) If yes, what is the illness? _____		Is student-enrolled in an ELD/ESOL Program? (English Language Development/ English to Speakers of Other Languages) <input type="checkbox"/> Yes <input type="checkbox"/> No
Was/Is student in Gifted 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 (SST): <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the family lived in another country in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>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 on an English language assessment.</p> <p>1. Which language does your child <b>most frequently</b> speak at home? _____</p> <p>2. Which language do the adults in your home <b>most frequently</b> use when speaking with your child? _____</p> <p>3. Which language(s) does your child currently understand or speak? _____</p>				
If yes, what is the date the family arrived in Clayton County?				
Is your child Hispanic/Latino?  <input type="checkbox"/> No, Not Hispanic/Latino  <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South American, Central American, or other Spanish Culture or origin, regardless of race.)		What is your child's race (Choose all that apply)? <input type="checkbox"/> <b>American Indian or Alaska Native</b> (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. <input type="checkbox"/> <b>Asian</b> (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.) <input type="checkbox"/> <b>Black or African American</b> (A person having origins in any of the Black racial groups of Africa-includes Caribbean Islanders and others of African origin.) <input type="checkbox"/> <b>Native Hawaiian or other Pacific Islander</b> (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> <b>White</b> (A person having origins in any of the original peoples of Europe, the Middle East or Africa.)		



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## PARENT/GUARDIAN INFORMATION

**Student Lives With:**  Biological Parents  Mother only  Father only  Legal Guardian  Foster Parent  Grandparent  Kinship Caregiver  
 Other \_\_\_\_\_ **If other than the biological parent, as listed on the birth certificate, additional documentation is required (i.e., Foster Parent DFCS Letter; Grandparent Power of Attorney; Military Power of Attorney; Kinship Caregiver Affidavit; or Other Legal Custody Document signed by a Judge).**

**Withdrawals:** A student should generally be withdrawn by the person who enrolls them. However, the parent/legal guardian who enrolled the student may provide the school with written permission for another person to withdraw the student. That person must provide a copy of the parent/legal guardian's photo identification as well as their own photo identification.

<b>Household Address:</b>	<b>Apt#</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Parent/Guardian</b>	<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
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<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	<b>Other:</b>
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<b>Marital Status:</b>	<b>Employer:</b>	<b>Highest Education Level</b>	<b>Preferred Language:</b>
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<b>Parent E-mail Address:</b>	<b>Migrant Worker?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Parent/Guardian</b>	<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>
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<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	<b>Other:</b>
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<b>Marital Status:</b>	<b>Employer:</b>	<b>Highest Education Level</b>	<b>Preferred Language:</b>
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<b>Parent E-mail Address:</b>	<b>Migrant Worker?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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## EMERGENCY CONTACTS/NON-HOUSEHOLD PERSONS

<b>Name:</b>	<b>Relationship:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>
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<b>Name:</b>	<b>Relationship:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>
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<b>Name:</b>	<b>Relationship:</b>	<b>Home Phone:</b>	<b>Cell Phone:</b>
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## SIBLING INFORMATION

<b>Sibling Last Name:</b>	<b>First Name:</b>	<b>Birth Date:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Enrolled In CCPS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of CCPS in which currently enrolled:</b>	<b>Grade:</b>
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<b>Sibling Last Name:</b>	<b>First Name:</b>	<b>Birth Date:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Enrolled In CCPS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of CCPS in which currently enrolled:</b>	<b>Grade:</b>
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<b>Sibling Last Name:</b>	<b>First Name:</b>	<b>Birth Date:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Enrolled In CCPS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of CCPS in which currently enrolled:</b>	<b>Grade:</b>
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<b>Sibling Last Name:</b>	<b>First Name:</b>	<b>Birth Date:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Enrolled In CCPS:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of CCPS in which currently enrolled:</b>	<b>Grade:</b>
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# Clayton County Public Schools 2017-2018 Student Enrollment Form

School: \_\_\_\_\_ Date: \_\_\_\_\_

### PREVIOUS SCHOOL EXPERIENCE

Pre-School Experience: <input type="checkbox"/> Georgia Pre-K Program <input type="checkbox"/> Home <input type="checkbox"/> Private Day Care <input type="checkbox"/> Private Pre-School <input type="checkbox"/> Babysitter's Home <input type="checkbox"/> Head Start	
<b>Attended a Clayton County Public School before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last Clayton County Public School Attended:</b> _____  <b>Grade:</b> _____ <b>Date of Withdrawal:</b> _____
<b>Is student currently suspended or pending expulsion from ANY school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, provide name of school: _____	<b>Has student been expelled from ANY school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, provide name of school: _____

### PLEASE LIST ALL PREVIOUS SCHOOLS ATTENDED IN THE SPACE BELOW:

Name of Previous School:	Address of Previous School:	Phone Number of Previous School:	Date of Withdrawal:	Grade:

### REQUIRED PARENT/GUARDIAN RESIDENCY NOTICE

I understand that a student admitted under false information AFFECTING RESIDENCY is illegally enrolled and will be dismissed FROM or reassigned WITHIN Clayton County Public Schools upon discovery. Further, I understand that a person who knowingly and willfully makes a false, fictitious or fraudulent statement/ representation or makes/uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement in any manner shall upon conviction thereof, be punished 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 16-10-20). False information may result in the loss of a student's athletic eligibility for one calendar year. I further understand that it is my responsibility as the Parent/Legal Guardian/Caregiver to immediately inform the school district of any changes in the information provided. **Residency Notice:** to be enrolled in Clayton County Schools, students must reside full-time in the County of Clayton with their natural parent(s), legal guardian(s) or caregiver(s). Students and their parent(s)/ guardian(s)/custodian(s) must remain full-time Clayton County residents for the entire period of enrollment in Clayton County Public Schools. 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 County of Clayton 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 County of Clayton, but does not reside in Clayton County, is not considered a resident for purpose of this policy.

### PARENT/GUARDIAN SIGNATURES

**I SWEAR or AFFIRM THAT I AM A FULL-TIME RESIDENT OF CLAYTON COUNTY OR I AM AN EMPLOYEE OF THE CLAYTON COUNTY PUBLIC SCHOOLS SYSTEM AND AFFIRM THAT THE INFORMATION I HAVE GIVEN IN THIS DOCUMENT IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.**

Parent/Legal Guardian/Caregiver Signature: _____  Date: _____	Parent/Legal Guardian/Caregiver Signature: _____  Date: _____
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# Clayton County Public Schools 2017-2018 Student Enrollment Form

School: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE - SCHOOL USE ONLY**

Enrollment Date:	Student ID#:	Grade:	Homeroom:	Student Household Name:
<b>Conditional Enrollment:</b> <input type="checkbox"/> Yes Expiration Date: _____ <input type="checkbox"/> No		<b>Immunization:</b> (GA Form 3231 Required) <input type="checkbox"/> Complete for School K-12 <input type="checkbox"/> Complete for School 7-12 <input type="checkbox"/> Expired (Date of Expiration: _____) <input type="checkbox"/> Future Expiration Date: _____ <input type="checkbox"/> Provisional (Date of Expiration: _____) <input type="checkbox"/> Religious Waiver Exemption ( Department of Public Health Form)		<input type="checkbox"/> 504 <input type="checkbox"/> EIP/REP Math <input type="checkbox"/> EIP/REP Reading <input type="checkbox"/> English Language Learner <input type="checkbox"/> ESOL <input type="checkbox"/> Foster Care <input type="checkbox"/> Gifted <input type="checkbox"/> Individual Health Plan <input type="checkbox"/> Migrant <input type="checkbox"/> Neglected/Disabled Youth <input type="checkbox"/> Psychological <input type="checkbox"/> Response to Intervention <input type="checkbox"/> Special Education <input type="checkbox"/> Speech <input type="checkbox"/> Student Support Team <input type="checkbox"/> Title 1 Math <input type="checkbox"/> Title 1 Reading
<b>Homeless:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Ear/Eye/Dental/Nutrition:</b> <input type="checkbox"/> Complete for School K-12 <input type="checkbox"/> Provisional (Date of Expiration: _____)		
<b>Is Parent /Guardian/Caregiver a CCPS employee:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, CCPS Employee number: _____		<input type="checkbox"/> <b>Birth Certificate</b> - State: _____		
<b>Did the Caregiver provide a notarized Non-Parental Affidavit form or a Grandparent Power of Attorney document?</b> : <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> <b>Social Security Card</b>		
<b>Transportation:</b> <input type="checkbox"/> Bus # _____ <input type="checkbox"/> Walker <input type="checkbox"/> Car <input type="checkbox"/> Day Care Bus <input type="checkbox"/> After-School Program		<input type="checkbox"/> <b>Attendance</b>  <input type="checkbox"/> <b>Discipline</b>		
<b>Race/Ethnicity Determination</b> <input type="checkbox"/> 01- Parent Identified <input type="checkbox"/> 02- Student Identified <input type="checkbox"/> 03- Observer Determined <input type="checkbox"/> 04- Unknown		<b>Census Information</b>  <b>Does Student household already exist?</b> <input type="checkbox"/> YES - If Yes, enroll your new student only <input type="checkbox"/> NO - <b>If No, enroll student and create household</b>		
<b>GMAS</b> <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies		<b>EOC:</b> <input type="checkbox"/> 9 <sup>th</sup> Grade Literature <input type="checkbox"/> American Literature <input type="checkbox"/> Physical Science <input type="checkbox"/> Biology <input type="checkbox"/> U.S. History <input type="checkbox"/> Economics <input type="checkbox"/> Algebra 1 <input type="checkbox"/> Analytic Geometry <input type="checkbox"/> Algebra 2		