For School Use:

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

FULTON COUNTY SCHOOLS
STUDENT ENROLLMENT FORM

SIS-1
Revised 02/09
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 yes, give name of school(s): _____
Entry Codes: (Circle 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	

Prior School Information
Non-Ful.Co. 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) ?_____

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 If Yes, Area _____

Other Programs (Specify) _____

PreK Program Attended: Circle 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

Placement Information
Majority to Minority Student _____
ESOL Student _____ **NCLB** _____
Homeless _____ **504** _____

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

(5)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
V - Career Technology*

* Valid only if student entered 9th grade prior to 8/25/97
**Valid only if student entered 9th grade on or after 8/25/97

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

High School Only:
I have received a student handbook.
Student Signature:

PARENT SIGNATURE: _____