

For School Use:
Entry Date ____/____/____
Grade Assigned ____
Homeroom/Advisement ____



Fulton County Schools Student Enrollment Form

SIS-1 R-02/03
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: _____
County of residence if other than Fulton: _____
Name of School Serving area in which student lives: _____

Circle One In Each Group:

Sex: M - Male
F - Female

Race: A - Asian
B - African-American
H - Hispanic
M - Multi-racial
I - Native Indian/Alaskan
W - Caucasian

RESTRICT DIRECTORY INFORMATION? Y N

(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 _____

(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.Stu 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 home study
- 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 incarcrtn
- P From a private school R Re-entry other
- B Previously WD from this school & year

Prior School Information

Non-Ful.Co. prior school name: _____

City & State of prior school: _____

Enrolled from ___/___/___ to ___/___/___

If Not Native of USA:

Country of Birth _____

Primary Language _____

Alien Registration Number _____

Date first entered a USA School (mm/dd/yy) _____

Home Lang.: _____ Corres.Lang.: _____

Has the student ever received services in the following programs?

- SIA or EIP Y N Gifted Y N
- Title I Y N Remedial Ed Y N
- ESOL Y N
- Spec. Educ. Y N Area If Yes _____
- 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 PKPrivate School

Alternative Placement Information

Majority to Minority Student _____

ESOL Student _____

Hardship Stu (Circle one: Childcare, Curriculum, Moving, Employee, Medical, Adm. Placement) _____

Magnet Program Stu(Circle one: Art/Science, Math/Science International Studies, Visual & Performing Arts) _____

(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: