

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)	Circle One In This Group: SEX: M - Male F - Female			
Preferred Name	Month/ Day /Yr of Birth	Student's Social Sec. #		Is this student Hispanic/Latino? (Choose only one) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino			
Home Address: _____ Street # and Name P.O. Box if App. Apt. # City Zip +4				What is the student's race? (Choose one or more) 1 - <input type="checkbox"/> American Indian or Alaska Native 2 - <input type="checkbox"/> Asian 3 - <input type="checkbox"/> Black or African American 4 - <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 5 - <input type="checkbox"/> White			
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: _____			

(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 _____
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(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

(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 ____	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
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: _____
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		

PARENT SIGNATURE: _____