

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)

| | |
|--|--|
| <p>Name: _____ Last First MI Suff.</p> <p>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: () _____</p> <p>Circle Relation to Student: Mother, Father, Stepmother, Stepfather, Legal Guardian, Other</p> <p>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 _____</p> | <p>Name: _____ Last First MI Suff.</p> <p>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: () _____</p> <p>Circle Relation to Student: Mother, Father, Stepmother, Stepfather, Legal Guardian, Other</p> <p>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 _____</p> |
|--|--|

(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 PK Private 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: