**STUDENT ENROLLMENT FORM**

Form JBC-5

*Empowering Dreams for the Future*

(Please PRINT all information)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Today’s Date: |  |  | Start Date: |  |  | School Year: 20 |  | -20 |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School: |  | Grade: |  | Student ID#: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Legal Name: |  | Name Called: |  |

Last First Middle

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Male  Female |  | Birth Date: |  | / | / |  | \*Social Security #: |  |

Student Resides with:  Both Parents  One Parent  Parent & Step Parent  Guardian  Foster Parent  Other\*\*

**ENROLLING ADULT INFORMATION (Parent/Guardian 1)** (The enrolling adult must sign at the bottom of this form in order to complete enrollment.) **NOTE:** The child must reside primarily with the enrolling adult.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Enrolling Adult: |  | \*\*Relationship to Student: |  |

Last First Middle

Parent Status:  Married  Separated  Divorced  Single

|  |  |
| --- | --- |
| What is the primary language of the enrolling adult? |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dwelling Address**   |  | | --- | |  | | Street Apt/Lot# | |  | |  | | City Zip | |  | **Mailing Address**   |  | | --- | |  | | Street Apt/Lot# | |  | |  | | City Zip | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Family Phone #: |  | Cell Phone #: |  | Work Phone #: |  | ext. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation/Employer: |  | E-mail: |  |

Do you:  own  rent or  \*\*\*share a residence with another family

|  |  |
| --- | --- |
| If you share a residence with another family, list family/owner’s name: |  |

**ADDITIONAL STUDENT INFORMATION**

Ethnicity: Is the student Hispanic/Latino?  Yes  No

Race: Is the student (check ALL that apply – at least one must be checked)?

American Indian or Alaska Native  Asian  Black/African American  Hawaiian/Pacific Islander  White

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Ninth Grade Entry Date: |  |  | Entry Date in US Public School: |  | / | / |

|  |  |  |  |
| --- | --- | --- | --- |
| Birth Place: |  | High School Program of Study: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Last School Attended: |  | Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Last School Attended Phone Number: |  | Location: |  |

County State Country

Has the student EVER attended a Cobb County school before?  Yes  No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| If yes, list the Cobb County school and grade/year enrolled: |  | Grade: |  | Year(s): |  |

Has the student EVER attended a Georgia public school?  Yes  No

Name and age of siblings under 18:

|  |  |  |
| --- | --- | --- |
|  |  |  |

Last First Middle Date of Birth Last First Middle Date of Birth

|  |  |  |
| --- | --- | --- |
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Last First Middle Date of Birth Last First Middle Date of Birth

Does the student currently receive any of these services?

Gifted/Talented  Advanced Math  Early Intervention (EIP)  ESOL

Special Education/IEP  504 Plan  Response to Intervention (RtI)  Speech

|  |  |
| --- | --- |
| Student Name: |  |

Has the child moved within the past 36 months across state or school district lines to enable the child, the child's guardian, or member of the child's family to obtain temporary or seasonal employment in an agricultural or fishing activity? ( ) Yes ( ) No

**HOME LANGUAGE SURVEY** (Required prior to enrollment) (State Board of Education Rule 160-4-5-.02)

|  |  |
| --- | --- |
| What was the language the student first learned to speak? (First Language): |  |

|  |  |
| --- | --- |
| What language does the student speak at home? (Home Language): |  |

|  |  |
| --- | --- |
| What language does the student speak most often? (Primary Language): |  |

**ACTIVE MILITARY SURVEY**

|  |
| --- |
| Is either parent/guardian/step-parent with whom the student resided on full-time military duty status?:  Yes  No |

**MEDICAL INFORMATION**

|  |  |
| --- | --- |
| Does the student need to take medication at school:  Yes  No Medication: |  |

|  |  |
| --- | --- |
| Special medical problems: |  |

|  |  |
| --- | --- |
| Allergies: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Licensed Health Care Provider: |  | Phone: |  |

In the event of a medical emergency, the District will have the student transported to the closest doctor or medical facility for treatment. Parents/guardians will assume full responsibility for all charges incurred. I prefer that my child be transported to

|  |  |
| --- | --- |
|  | Hospital for treatment. |

**TRANSPORTATION**

Morning Car Rider  Morning Day Care  Morning Bus Rider

Afternoon Car Rider  Afternoon Day Care  Afternoon Bus Rider  CCSD After School Program

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Day Care: |  | Phone #: |  |

**CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Additional Parent/Guardian Name (#2): |  | Relationship to Student: |  |

Last First Middle

|  |  |
| --- | --- |
| Address (if different from Parent/Guardian #1): |  |

Street City State Zip

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home Phone #: |  | Cell Phone #: |  | Work Phone #: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation/Employer: |  | E-mail: |  |

Parent/Guardian #2 is authorized to pick up the student from school and may be called in case of emergency if enrolling adult cannot be reached:  Yes  No

The following person(s) may also pick up my student from school and may be called in case of emergency if the enrolling adult cannot be reached.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | Relationship |  | Primary Phone |  | Cell |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |
| --- | --- |
| The following person(s) MAY NOT sign my child out of school: |  |

Please note that this may not include persons acting under the authority of child protection laws and that court orders may affect this preference.

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| --- | --- | --- | --- | --- |
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Enrolling Adult Signature Enrolling Adult Printed Name Date