

Clayton County Public Schools

2015-2016 Student Enrollment & Registration Form

School: _____

Date: _____

STUDENT INFORMATION

Have you enrolled any other student (s) in the Clayton Count Public School System for the 2015-2016 school year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Last Name:		First Name:		Middle Name:	
Suffix:		Grade:		Gender:	
Date of Birth:		Social Security #:			
State of Birth		Country of Birth: (if not in USA)		If not born in the United States, when did the student first enroll in a U.S. school?	
Home Phone Number:			Student Cell Phone Number:		
Home Address:		Apt#	City:		State:
Zip:		Does the Student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No (Individual Educational Plan) If yes, what is the disability? _____		Does the Student have an IHP? <input type="checkbox"/> Yes <input type="checkbox"/> No (Individual Health Plan) If yes, what is the illness? _____	Is student in the ELL/ESOL Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was/Is student in Gifted program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does student have a 504 Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was/Is student involved in the Student Support Team: <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the family lived in another country in the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the date your family arrived in Clayton County?		Which language does your child most frequently speak at home?		Which language do the adults in your home most frequently use when speaking with your child?	
Which language(s) does your child currently understand or speak?		What is your child's race (Choose all that apply)? <input type="checkbox"/> American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment. <input type="checkbox"/> Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.) <input type="checkbox"/> Black or African American (A person having origins in any of the Black racial groups of Africa-includes Caribbean Islanders and others of African origin.) <input type="checkbox"/> Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) <input type="checkbox"/> White (A person having origins in any of the original peoples of Europe, the Middle East or Africa.)			
Is your child Hispanic/Latino? <input type="checkbox"/> No, Not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South American, Central American, or other Spanish Culture or origin, regardless of race.)					
Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last three (3) years? (Check all that apply)					
<input type="checkbox"/> Agriculture; planting/picking tomatoes, squash, peppers, etc. <input type="checkbox"/> Planting, growing, or cutting trees (pulpwood) <input type="checkbox"/> Meatpacking/Poultry/Seafood		<input type="checkbox"/> Processing/Packing agricultural products <input type="checkbox"/> Dairy, Poultry, or Livestock <input type="checkbox"/> Fishing or fish farms		<input type="checkbox"/> Other	
Comments: _____					
PREVIOUS SCHOOL EXPERIENCE					
Pre-School Experience: <input type="checkbox"/> Home <input type="checkbox"/> Private Day Care <input type="checkbox"/> Private Pre-School <input type="checkbox"/> Babysitter's Home <input type="checkbox"/> Head Start <input type="checkbox"/> Pre-K Program					
Attended a Clayton County Public School before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last School Attended in Clayton County Public School _____		Previous School Attended (if not Clayton County): _____	
Previous School Address (City/State/Zip Code): _____		Previous School Number Telephone Number: _____	Grade _____	Date of Withdrawal: _____	
Is student currently suspended or pending expulsion from this school? <input type="checkbox"/> Yes <input type="checkbox"/> No			Has student been expelled from ANY school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of School :		Grade:		Name of School :	
				Grade:	

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PARENT/GUARDIAN INFORMATION

Student Lives With: Biological Parents Mother only Father only Legal Guardian Foster Parent Grandparent
 Other _____ If other than the biological parent, as listed on the birth certificate, additional documentation is required (. i.e., Foster Parent (DFCS Letter); Grandparent Power of Attorney; Military [Military Power of Attorney]; or Other [Non-Parental Affidavit Form])
 A student should generally be withdrawn by the person who enrolls them. The parent/legal guardian who enrolled the student may provide the school with written permission accompanied by a copy of the parent/guardian's photo identification for another person to withdraw a child.

Household Address:	Apt#	City	State	Zip
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Parent/Guardian	Last Name:	First Name:	Middle Initial:
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Home Phone:	Work Phone:	Cell Phone:	Other:
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Marital Status:	Employer:	Highest Education Level	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Parent E-mail Address:	Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Parent/Guardian	Last Name:	First Name:	Middle Initial:
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Home Phone:	Work Phone:		Cell Phone:
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Marital Status:	Employer:	Highest Education Level	Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Parent E-mail Address:	Migrant Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No
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NON-HOUSEHOLD PERSONS/EMERGENCY CONTACTS

Name:	Relationship:	Home Phone:	Cell Phone:
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Name:	Relationship:	Home Phone:	Cell Phone:
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Name:	Relationship:	Home Phone:	Cell Phone:
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SIBLING INFORMATION

Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Enrolled In CCPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of CCPS in which currently enrolled:	Grade:
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Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Enrolled In CCPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of CCPS in which currently enrolled:	Grade:
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Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Enrolled In CCPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of CCPS in which currently enrolled:	Grade:
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Sibling Last Name:	First Name:	Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Enrolled In CCPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of CCPS in which currently enrolled:	Grade:
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I understand that a student admitted under false information AFFECTING RESIDENCY is illegally enrolled and will be dismissed FROM or reassigned WITHIN Clayton County Public Schools upon discovery. Further, I understand that a person who knowingly and willfully makes a false, fictitious or fraudulent statement/ representation or makes/uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement in any manner shall upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both (O.C.G.A 16-10-20). False information may result in the loss of a student's athletic eligibility for one calendar year. I further understand that it is my responsibility as the Parent/Legal Guardian to immediately inform the school district of any changes in the information provided. **Residency Notice:** to be enrolled in Clayton County Schools, students must reside full-time in the County of Clayton with their natural parent(s), or legal custodian(s). Students and their parent(s)/ guardian(s)/custodian(s) must remain full-time Clayton County residents for the entire period of enrollment in Clayton County Public Schools. For the purpose of this policy, a resident is defined as an individual who is a full-time occupant of a dwelling located in the County of Clayton and who, on any given school day, is likely to be at their stated address when not at work or school. A person who owns property in the County of Clayton, but does not reside in Clayton County, is not considered a resident for purpose of this policy.

PARENT/GUARDIAN SIGNATURES

I SWEAR or AFFIRM THAT I AM A FULL-TIME RESIDENT OF CLAYTON COUNTY OR I AM AN EMPLOYEE OF THE CLAYTON COUNTY PUBLIC SCHOOLS SYSTEM AND AFFIRM THAT THE INFORMATION I HAVE GIVEN IN THIS DOCUMENT IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT.

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Signature: _____

Date: _____

Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE - SCHOOL USE ONLY

Entry Date:	Student ID#:	Grade:	Homeroom:	Student Household Name:	
Conditional Enrollment: <input type="checkbox"/> Yes Expiration Date: _____ <input type="checkbox"/> No		Immunization: Adequate <input type="checkbox"/> Provisional <input type="checkbox"/> dTAP: Adequate <input type="checkbox"/> Provisional <input type="checkbox"/> (7 th Grade Students) MCV4: Adequate <input type="checkbox"/> Provisional <input type="checkbox"/> (7 th Grade Students) Ear/Eye/Dental: Adequate <input type="checkbox"/> Provisional <input type="checkbox"/> <input type="checkbox"/> Birth Certificate : State: _____ <input type="checkbox"/> Social Security Card		<input type="checkbox"/> Gifted <input type="checkbox"/> Special Education <input type="checkbox"/> 504 <input type="checkbox"/> Individual Health Plan <input type="checkbox"/> Title 1 Math <input type="checkbox"/> Title 1 Reading <input type="checkbox"/> ESOL <input type="checkbox"/> EIP/REP Reading <input type="checkbox"/> EIP/REP Math <input type="checkbox"/> Student Support Team <input type="checkbox"/> Psychological	
Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Attendance <input type="checkbox"/> Discipline			
Is Parent /Guardian a CCPS employee: <input type="checkbox"/> NO <input type="checkbox"/> YES: CCPS Employee number: _____		Census Information Does Student household already exist? <input type="checkbox"/> YES - If Yes, enroll your new student only <input type="checkbox"/> NO - If No, enroll student and create household Household Information: Parents, Address, Non-Household members & siblings must be entered			
Transportation: <input type="checkbox"/> Bus # _____ <input type="checkbox"/> Walker <input type="checkbox"/> Car <input type="checkbox"/> Day Care Bus <input type="checkbox"/> After-School Program					
Race/Ethnicity Determination <input type="checkbox"/> 01- Parent Identified <input type="checkbox"/> 02- Student Identified <input type="checkbox"/> 03- Observer Determined <input type="checkbox"/> 04- Unknown					
CRCT: Reading _____ Math _____ Science _____ Social Studies _____ 5 th Grade Writing Assessment _____ 8 th Grade Writing Assessment _____					
EOCT: 9 th Grade Literature _____ American Literature _____ Physical Science _____ Biology _____ U.S. History _____ Economics _____ Coordinate Algebra _____ Analytic Geometry _____ Math I _____ Math II _____ GPS Algebra _____ GPS Geometry _____					
GHS GT: English _____ Writing _____ Social Studies _____ Science _____ Math _____					