

## SECTION 1: Student Information

### **Student's Legal Name / Vital Information:**

\_\_\_\_\_

(Last) (First) (Middle) (Suffix)

\_\_\_\_\_  
(Preferred First Name)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Place of Birth:

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

#### **If born outside US:**

date arrived in US: \_\_\_\_/\_\_\_\_/\_\_\_\_

first time in US School: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade: \_\_\_\_\_ Date Entered 9<sup>th</sup> Grade (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (voluntary)

I understand that my child's Social Security Number will be required for HOPE Scholarship eligibility.

Check one:

- Social Security Card Provided
- I give permission to DeKalb County School District to obtain my child's social security number from the Georgia Department of Education's database.
- I do not wish to have my child's Social Security Number placed into school records, and I decline the request to provide a copy of the Social Security Card.

## SECTION 2: Ethnicity / Race

Federally Mandated Questions: Please answer both parts

**Part A - Ethnicity:** Is the student Hispanic or Latino? (choose *only one*)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).

*The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to Part B.*

*Answer the following by marking one or more boxes to indicate what you consider this student's race to be.*

**Part B - Race:** What is the student's race? (choose all that apply)

- 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 tribal affiliation or community attachment.)
- 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 Philippine Islands, Thailand, and Vietnam.)
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

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**School Use Only:**

Reason for Observation:  Parent Refused  Parent Non-Responsive

Observer Completed:  Both Parts  Part A Only  Part B Only

\_\_\_\_\_  
Observer's Name

\_\_\_\_\_  
Observer's Signature

\_\_\_\_\_  
Date

## SECTION 3: Home Language Survey

1. What language does this student speak most often at home? \_\_\_\_\_
2. What was the first language this student learned to speak? \_\_\_\_\_
3. List Dialect (if applicable) \_\_\_\_\_

## SECTION 4: Student's School History

### **Did your child attend any of the following?**

- |   |  |
|---|--|
| <input type="checkbox"/> Georgia PK Program – Public School | <input type="checkbox"/> Private – not for profit            |
| <input type="checkbox"/> Publicly – Sponsored (Title I)     | <input type="checkbox"/> Private – for profit                |
| <input type="checkbox"/> Head Start                         | <input type="checkbox"/> No Pre-K Program                    |
| <input type="checkbox"/> Other Public School                | <input type="checkbox"/> Georgia PK Program – Private School |

### **School previously attended:**

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Last Day Attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **SPECIAL PROGRAMS**

#### **Was your child receiving any of the following support services?**

- |  |  |
|--|--|
| <input type="checkbox"/> Early Intervention Program (EIP)                              | <input type="checkbox"/> Remedial Ed Program (REP)                       |
| <input type="checkbox"/> Gifted Program  | <input type="checkbox"/> Section 504 Plan                                |
| <input type="checkbox"/> Response to Intervention (RTI)/<br>Student Support Team (SST) | <input type="checkbox"/> Title I Program (TA only – targeted assistance) |
| <input type="checkbox"/> English Language (EL)   | <input type="checkbox"/> Readiness Class                                 |

**Was your child receiving special education services (IEP)?**  Yes  No

## SECTION 5: Transportation Type

**Indicate student's primary intent for transportation:**

Morning:

Bus Rider     Car Rider     Walker     Day Care Bus     Student Driver

Afternoon:

Bus Rider     Car Rider     Walker     Day Care Bus     Student Driver

### **EMERGENCY CLOSING INSTRUCTIONS**

Should school be dismissed early, we need to know if your child is to ride the bus, go to day care, or be picked up by you. Weather, plumbing, electrical problems or other emergencies could cause us to dismiss early. It is important that arrangements are made in case of these unforeseen events. Sometimes our phone lines are busy so we cannot rely on a last minute phone call for directions. If the need to close early occurs, our elementary leveled schools would call all day care centers that pick up from their school.

#### **CHECK ONE:**

- Ride Regular Bus Home
- Parent Pick-up
- Other (please explain):

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Thank you. We hope we do not need this information. Please discuss this plan with your child.

*SECTION 6: Health*

**Physical Conditions or Concerns:**

ALLERGIES Yes No      ASTHMA Yes No  
 DIABETES Yes No      SEIZURE DISORDER Yes No

**If you answered yes to any of the above, please detail specifics in space provided along with any other physical or mental health issues which may be a concern at school.**

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Does your child take any prescribed medications routinely? List \_\_\_\_\_

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*SECTION 7: Discipline*

**Discipline**

Yes No: Is this student under a current expulsion or suspension order from this or another school system?

Yes No: Has this student ever been expelled?

If Yes to either of the above, please fill out the following information:

Reason for Expulsion: \_\_\_\_\_

School system: \_\_\_\_\_

Date Expelled or Suspended: \_\_\_\_\_

Yes No: Has this student been adjudicated delinquent or convicted of murder, voluntary manslaughter, rape, aggravated sodomy, aggravated child molestation, aggravated battery, or armed robbery?

If Yes, where did this offense occur?

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
 Court County State

ANY PERSON WHO KNOWINGLY PROVIDES FALSE INFORMATION OR DOCUMENTATION IN CONNECTION WITH THE REGISTRATION OF A STUDENT MAY BE CRIMINALLY LIABLE UNDER O.C.G.A. 16-10-20. SHOULD SCHOOL OFFICIALS DETERMINE THAT FALSE INFORMATION OR DOCUMENTATION HAS BEEN SUBMITTED, A REPORT WILL BE FILED WITH THE APPROPRIATE LAW ENFORCEMENT OFFICIALS.

**SECTION 8: Parent / Legal Guardian Certifications:**

**Please read and initial the following:**

- \_\_\_\_\_ I am authorized to enroll this student, and understand that in compliance with OCGA 20-2-780 that having enrolled the student, I am the only person who can withdraw the student, unless a court order applies.
- \_\_\_\_\_ The address listed on this form is the physical location where the student actually resides.
- \_\_\_\_\_ I have provided the student's Georgia Certificate of Immunization (Form 3231) ~OR~ agree to provide Form 3231 within the time specified on the Notification of Waiver form.
- \_\_\_\_\_ This student is NOT currently on suspension or expulsion status from another school.
- \_\_\_\_\_ I understand that this student's enrollment is contingent, pending receipt of all disciplinary records from any prior schools attended.
- \_\_\_\_\_ I understand that if this student is being provisionally enrolled in \_\_\_\_ grade without all required documentation, this student is being provided educational services based solely on the information I provide. I understand that changes may be made to the services being provided once records are received from previous schools and have been reviewed by appropriate school personnel. This may include, but is not limited to, grade placement, class placement, teacher assigned, type of instructional setting, and any other changes that the school administration deems necessary.
- \_\_\_\_\_ In the event of an emergency I acknowledge that a school representative will take necessary actions to secure medical treatment for my child at the closest available medical provider or medical facility. I acknowledge that such actions may incur charges for which I am responsible.

**SECTION 8: Parent / Legal Guardian Signature:**

**My relationship to the student is:**

- Biological Parent (Step-parents are not allowed to complete the registration process without additional documents)
- Legal Guardian (documentation needed)
- Person having lawful Court Order (copy required)
- Other (Non-Parental Affidavit required)
- Self / Student (*must be 18 years or older*)

**I hereby certify that all the information contained in this form is true and accurate to the best of my knowledge.**

Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

**SECTION 1: Primary Household**

**Previous DeKalb County School System**

Yes  No Has any household member already been enrolled in a DeKalb County School?

**Who has legal custody?:**

Both Parents  Father  Mother  Grandparent(s)  Ward of Court  
 \*Legal Guardian (\*Must provide school with copy of Legal Papers)

**With whom does the child primarily live?:**

Both Parents  Father Only  Mother Only  Father & Stepmother  Mother & Stepfather  
 \*Legal Guardian (\*Must provide school with copy of Legal Papers)

**Primary Household Information** - Where student *normally* sleeps on a nightly basis

Physical Address \_\_\_\_\_  
 (Street Number) (Street Name)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different than physical address)

\_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail should be addressed to (as listed below):  Legal Guardian One  Legal Guardian Two

**Primary Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_

(Note: the *primary* phone number will be utilized for communications.)

**Primary Household Parent / Legal Guardian 1:**

\_\_\_\_\_  
 (Last) (First) (Middle) Suffix (Jr, Sr, II, III, etc.)

Relationship to Student(s): (Mother, Father, Grandparent, Guardian, etc) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Work phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Call Sequence \_\_\_\_\_  Portal

Primary Home Language \_\_\_\_\_ Dialect \_\_\_\_\_

First Language Spoken \_\_\_\_\_ Correspondence Language \_\_\_\_\_

Translation Services Needed  Active Duty in US Armed Forces (including National Guard & Reserve Forces)

**Primary Household Parent / Legal Guardian 2:**

\_\_\_\_\_  
(Last) (First) (Middle) Suffix (Jr, Sr, II, III, etc)

Relationship to Student(s): (Mother, Father, Grandparent, Guardian, etc) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Work phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Call Sequence \_\_\_\_\_  Portal

Primary Home Language \_\_\_\_\_ Dialect \_\_\_\_\_

First Language Spoken \_\_\_\_\_ Correspondence Language \_\_\_\_\_

Translation Services Needed  Active Duty in US Armed Forces (including National Guard & Reserve Forces)

***SECTION 2: Secondary Household***

**Secondary Household Information** - Where student sleeps on a part time basis.

(Leave blank if this does not apply to your family situation)

Should this address receive written correspondence?  Yes  No

Physical Address \_\_\_\_\_  
(Street Number) (Street Name)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different than physical address)

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Secondary Household Parent / Legal Guardian 2:**

\_\_\_\_\_  
(Last) (First) (Middle) Suffix (Jr, Sr, II, III, etc)

Relationship to Student(s): (Mother, Father, Grandparent, Guardian, etc) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Work phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Call Sequence \_\_\_\_\_  Portal

Primary Home Language \_\_\_\_\_ Dialect \_\_\_\_\_

First Language Spoken \_\_\_\_\_ Correspondence Language \_\_\_\_\_

Translation Services Needed  Active Duty in US Armed Forces (including National Guard & Reserve Forces)



## SECTION 3: Emergency Contacts

**Emergency Contacts** – The following people have permission to pick up my child(ren) from school without further contact from me and in the event of an emergency when the Parent/Legal Guardian cannot be reached.

**Emergency Contact 1:** \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Call Sequence \_\_\_\_\_  Portal Primary Home Language \_\_\_\_\_

**Emergency Contact 2:** \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Call Sequence \_\_\_\_\_  Portal Primary Home Language \_\_\_\_\_

**Emergency Contact 3:** \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Call Sequence \_\_\_\_\_  Portal Primary Home Language \_\_\_\_\_

## SECTION 4: Additional Household Members (include all students and additional adults)

**Additional Household Members & Siblings** - Please list the names of all additional household members and siblings.

Last Name	First Name	Age	Relation to Student	School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If there are custody issues that prevent any of the previously indicated heads of household from having access to the students listed above, please provide details. If such restrictions apply to a natural parent or legal parent/guardian not listed on birth certificate, court documentation must be provided.

## SECTION 5: Signature

Name of Parent/Legal Guardian completing Form (print): \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_