

La forma esta disponible en Espanol – Por favor preguntale al Principal de su Escuela.



## Muscookee County School District – Student Enrollment Form

School Name: \_\_\_\_\_ School Year: 20 \_\_\_\_ - 20 \_\_\_\_ Grade: \_\_\_\_\_

### STUDENT INFORMATION

\_\_\_\_\_  
Last Name First Name Middle Name Preferred Name  
Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Name of Enrolling Adult: \_\_\_\_\_<sup>1</sup> Relationship to Student: \_\_\_\_\_  
Last First Middle

Parent Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single

What is the primary language of the enrolling adult?: \_\_\_\_\_

Residential Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Email: \_\_\_\_\_

Do you: \_\_\_\_\_ Own your home \_\_\_\_\_ Rent your home or \_\_\_\_\_<sup>2</sup>Share a residence with another family

Is a parent/guardian on active duty military? \_\_\_\_\_ Yes \_\_\_\_\_ No Is a parent/guardian a civilian employed at Ft. Benning? \_\_\_\_\_ Yes \_\_\_\_\_ No

### ADDITIONAL STUDENT INFORMATION

Ethnicity: Hispanic/Latino \_\_\_\_\_ Yes \_\_\_\_\_ No *In the next line, check all options that apply.*

Race: \_\_\_\_\_ White \_\_\_\_\_ Black/African-American \_\_\_\_\_ Asian \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_ Multiracial

If Not Born in the USA: Country of Birth \_\_\_\_\_ Date First Enrolled in School in the USA (DD/MM/YYYY) \_\_\_\_\_

School Last Attended: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Has student ever attended a Columbus school? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give year and name of school. \_\_\_\_\_

<sup>3</sup>Has student ever attended public school in another district? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give year and name of school. \_\_\_\_\_

Has student ever been served by a Special Ed. program? \_\_\_\_\_ Yes \_\_\_\_\_ No Gifted Education? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the student have a current IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No Is the student on a 504 Plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

English for Speakers of Other Languages (ESOL)? \_\_\_\_\_ Yes \_\_\_\_\_ No Speech Therapy at School? \_\_\_\_\_ Yes \_\_\_\_\_ No

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 language(s) did the student first learn to speak? \_\_\_\_\_

What languages(s) does the student speak at home? \_\_\_\_\_ What language(s) does the student speak most often? \_\_\_\_\_

### TRANSPORTATION

Morning: \_\_\_\_\_ Car Rider \_\_\_\_\_ Student Driver \_\_\_\_\_ Before School Program \_\_\_\_\_ Walker \_\_\_\_\_ Bus Rider (Bus # \_\_\_\_\_)  
Afternoon: \_\_\_\_\_ Car Rider \_\_\_\_\_ Student Driver \_\_\_\_\_ After School Program \_\_\_\_\_ Walker \_\_\_\_\_ Bus Rider (Bus # \_\_\_\_\_)

Name of Day Care: \_\_\_\_\_ Phone #: \_\_\_\_\_

<sup>1</sup> If not the parent/legal guardian, Non-Parental Affidavit of Residency must be completed. (State Board of Education Rule 160-5-1-.28)

<sup>2</sup> Affidavit of Residency may be required for proof of residency (State Board of Education Rule 160-5-1-.28)

<sup>3</sup> Release of Records form may be required.

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**SIBLING INFORMATION (Brothers and sisters 18 years of age or under)**

Name \_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_\_ School Attending or Reason If Not in School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_\_ School Attending or Reason If Not in School \_\_\_\_\_

Name \_\_\_\_\_ Birthdate (MM/DD/YYYY) \_\_\_\_\_ School Attending or Reason If Not in School \_\_\_\_\_

**STUDENT HEALTH RECORD \*\*\*\* THE ATTACHED CLINIC CARD MUST BE COMPLETED \*\*\***

Does the student need to take medication at school?: \_\_\_\_\_ Yes \_\_\_\_\_ No Medication: \_\_\_\_\_

Food/Drug or other Allergies?: \_\_\_\_\_ Yes \_\_\_\_\_ No Allergies: \_\_\_\_\_

What medical information does the school need to know about the student?: \_\_\_\_\_

\_\_\_\_\_

Student's Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of an emergency, the school will have the student transported to the closest doctor or medical facility for treatment. Parents/guardians will assume full responsibility for all charges incurred. Please indicate your preferred hospital (note: the school cannot guarantee transport to this facility):

Martin Army Hospital Doctors Hospital Midtown Medical Center St. Francis Other (Specify.) \_\_\_\_\_

**STUDENT RELEASE INFORMATION**

**ADDITIONAL PARENT/GUARDIAN (#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: \_\_\_\_\_ Email: \_\_\_\_\_

**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

**STUDENT MAY BE CHECKED OUT BY THE FOLLOWING ADDITIONAL PEOPLE WITH PROPER STATE/MILITARY ISSUED I.D. \*\*\*Please indicate individuals other than enrolling adult\*\*\***

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

**EMERGENCY CONTACT \*\*\*Please indicate an individual other than parents/guardians\*\*\***

Name \_\_\_\_\_ Cell or Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
(Enrolling Adult)

\_\_\_\_\_  
Date Submitted

**ONLY THE ENROLLING ADULT IS AUTHORIZED TO WITHDRAW OR TRANSFER THE STUDENT, AS WELL AS PICK-UP/CHECK-OUT THE STUDENT FROM SCHOOL, UNLESS OTHERWISE DESIGNATED ABOVE.**

<i>Office Use Only</i>	
SCHOOL YEAR _____	
____ SS#	____ Birth Certificate
____ Immunization	____ Proof of Residency
____ EED	____ Clinic Card