



# Gwinnett County Public Schools ELEMENTARY SCHOOL ENROLLMENT FORM

School Use Only	
School:	_____
Student ID:	_____

## STUDENT INFORMATION: PLEASE PRINT ALL INFORMATION ON THIS FORM

Student Name (Last, First, Middle -Nickname) \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth (example:12/01/2009) \_\_\_\_\_ Gender  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Apartment Complex and Apartment Number \_\_\_\_\_ Is this a temporary residence?  Yes  No

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Social Security Number- SSN (Official Code of Georgia Annotated- OCGA 20-2-150) \_\_\_\_\_

I do not wish to provide my child's SSN (Parent's Initials) \_\_\_\_\_

Student's Country of Birth \_\_\_\_\_

If born outside USA, what date did the student first enter any U.S. school? \_\_\_\_\_

Please answer **both parts** of this two-part question. This information is required by federal regulations. (As per federal requirements, if you choose not to complete part or all of this section, the school is mandated to identify and assign a race and/or ethnicity to the student through an observer identification process.)

1. Is the student Hispanic or Latino? (Check one)  No, not Hispanic/Latino  Yes, Hispanic/Latino

2. Please select student's race(s) from the list below (Choose one or more that apply)

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

### Enrolling Parent/Legal Guardian

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cellular Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

### Other Parent/Legal Guardian

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cellular Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Is student allowed contact with this person?  Yes  No

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**Has this student previously attended another school within Gwinnett County or outside of Gwinnett County?**  Yes  No

*If yes, indicate the following:*

Name of School \_\_\_\_\_

School System / City and State \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ List month/year student began high school, if applicable \_\_\_\_\_

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**Has this student received any of these services?**

ESOL / ESL / Bilingual  Yes  No

Speech  Yes  No

Special Education  Yes  No

Remedial Education  Yes  No

Gifted  Yes  No

Title I  Yes  No

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**List Others in Your Household Attending GCPS Schools**

<b>Name</b>	<b>Relationship</b>	<b>School Attending</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Transportation**

Will the student ride a Gwinnett school bus?  Yes  No

Afternoon bus drop-off address if other than home: \_\_\_\_\_

**Language Background**

Is a language other than English spoken in your home?  Yes  No If yes, what language? \_\_\_\_\_

Does your child speak a language other than English?  Yes  No If yes, what language? \_\_\_\_\_

*If the answer to either question above is yes, the law requires that the school assess your child's English language proficiency.*

Would you prefer to receive information about your child's academic progress in English?  Yes  No

If no, what language? \_\_\_\_\_

**Suspension / Expulsion Status**

**Is student currently serving a term of suspension/expulsion from another school?**  Yes  No

If yes, this occurred at what school and in which school district? \_\_\_\_\_

Reason for suspension/expulsion \_\_\_\_\_

**Impaired / Handicapped Access**

Does the student or any immediate family member need assistance regarding mobility impaired issues or handicapped access?

Yes  No

**My child has permission to be checked out of school by the following persons.**

**In the event the parent/guardian cannot be reached, the following persons can be called in case of an emergency.**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

- 1.
- 2.
- 3.
- 4.

**Signature**

**I hereby certify that all the information provided is complete and true to the best of my knowledge.**

**Parent/Legal Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_