

Check documents attached

Residence Verification
Residency Affidavit
Parent/Guardian ID
Pre K State funded Private Non -Profit Social



Birth Certificate/Verification
GA Immunization
Eyes, Ears, Dental
Security# or Waiver
Registrar Initials

GAINESVILLE CITY SCHOOLS

ONE GAINESVILLE: We will inspire, nurture, challenge, and prepare our students

Today's Date: Start Date: School Year: School Choice/Assignment:

Student Name 1: Last First Middle

Language of the students:

- Which language does your child best understand and speak?
Which language does your child most frequently speak at home?
Which language do adults in your home most frequently use when speaking with your child?

Age Learned English Date of entry into US Schools Grade Level Previous school
Date of Birth Birth Place SSN# Gender Female Male

- Ethnicity: Not Hispanic/Latino Yes Hispanic/Latino
Race: White Asian American Indian or Alaska Native
Black or African American Native Hawaiian or Pacific Islander

Ever Attended: GA Schools Yes No -Gainesville City Schools Yes No 9th Grade entry date
Has the student received any of these services: Gifted Special Ed Speech RTI 504 EIP
Medication taken at school Yes No Name of medication Licensed Healthcare Provider
Transportation am car rider pm car rider am bus rider pm bus rider After School Program Day care

Student Name 2: Last First Middle

Language of the students:

- Which language does your child best understand and speak?
Which language does your child most frequently speak at home?
Which language do adults in your home most frequently use when speaking with your child?

Age Learned English Date of entry into US Schools Grade Level Previous school
Date of Birth Birth Place SSN# Gender Female Male

- Ethnicity: Not Hispanic/Latino Yes Hispanic/Latino
Race: White Asian American Indian or Alaska Native
Black or African American Native Hawaiian or Pacific Islander

Ever Attended: GA Schools Yes No -Gainesville City Schools Yes No 9th Grade entry date
Has the student received any of these services: Gifted Special Ed Speech RTI 504 EIP
Medication taken at school Yes No Name of medication Licensed Healthcare Provider
Transportation am car rider pm car rider am bus rider pm bus rider After School Program Day care

Student Name 3: Last First Middle

Language of the students:

- Which language does your child best understand and speak?
Which language does your child most frequently speak at home?
Which language do adults in your home most frequently use when speaking with your child?

Age Learned English Date of entry into US Schools Grade Level Previous school
Date of Birth Birth Place SSN# Gender Female Male

- Ethnicity: Not Hispanic/Latino Yes Hispanic/Latino
Race: White Asian American Indian or Alaska Native
Black or African American Native Hawaiian or Pacific Islander

Ever Attended: GA Schools Yes No -Gainesville City Schools Yes No 9th Grade entry date
Has the student received any of these services: Gifted Special Ed Speech RTI 504 EIP
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**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 \*\*If not the parent/legal guardian, Form JBC-7 must be completed.  
(State Board of Education Rule 160-5-28)

Student lives with:  Both Parents  Father  Mother  Grandparents(s)  Guardians(s)  Foster Parent(s)  Alone  Other relative(s)  
Parent Status:  Married  Separated  Divorced  Single What is the primary language of the enrolling adult? \_\_\_\_\_

**Dwelling Address**

**Mailing Address**

Street \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Street \_\_\_\_\_ Apt# \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Work phone# \_\_\_\_\_ ext. \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ E-mail: \_\_\_\_\_

**McKINNEY-VENTO STUDENT/FAMILY ENROLLMENT SURVEY - Where are you and your family currently staying?**

Do you:  Own  Rent (STOP - you do not need to complete this section)

**If your family:**

- Staying in a shelter (family, domestic violence, youth, transitional, etc.)
- Temporality living in a motel/hotel due to lack of alternative accommodations
- Living in a car, park, campground, abandoned building, substandard housing, or other inadequate accommodations
- Unaccompanied Youth (Living Alone without a parent/legal guardian)

\*\*\* Share a residence with another family. Is this due to loss of housing, economic hardship, or similar reason?  Yes  No

\*\*\*Form JBC-8 may be required for residency (State Board of Education Rule 160-5-1-28) List family /owner's name \_\_\_\_\_  
 Unknown nighttime residence

**PARENT OCCUPATION SURVEY**

Has your family moved in order to work in another city, state, or country in the past 3 years?  Yes  No

If so, what was the date your family arrived in the city/town in which you now reside? \_\_\_\_\_

Has anyone in your immediate family been involved in one of the following occupations, either full or part-time or temporarily during the last 3 years? (Check all that apply)

- Agriculture (planting/picking fruits or vegetables)
- Dairy/Poultry/Livestock
- Fishing or fish farming
- Planting, growing, or cutting trees/raking pine straw
- Meat packing/Meat Processing/Seafood
- Processing/packing agricultural products
- Other (please specify occupation) \_\_\_\_\_

**ACTIVE MILITARY SURVEY**

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

**MEDICAL INFORMATION**

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

**EMERGENCY CONTACT INFORMATION**

Additional Parent/Guardian Name (#2): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Last First Middle

Address (if different from Parent/Guardian #1): \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ ext. \_\_\_\_\_  
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

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.

\_\_\_\_\_  
Enrolling Adult Signature Enrolling Adult Printed Name Date

.A parent/Guardian who objects to incorporation of the social security number into the school records of a child may have the requirement waived by signing a statement objecting to the requirement ( Form JBC-6) ( O.O.C.G.A.&20-2-150)

