

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:

- First Language Spoken _____ Age Learned English _____ Date of Birth _____
- Home Language Spoken _____ Birth Place _____ SSN# _____ Grade Level _____
- Primary Language Spoken _____ Date of entry into US Schools _____ Gender Female Male

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

Ever Attended: - GA Schools Yes No -Gainesville City Schools Yes No 9th Grade entry date _____ Previous school _____

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:

- First Language Spoken _____ Age Learned English _____ Date of Birth _____
- Home Language Spoken _____ Birth Place _____ SSN# _____ Grade Level _____
- Primary Language Spoken _____ Date of entry into US Schools _____ Gender Female Male

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

Ever Attended: - GA Schools Yes No -Gainesville City Schools Yes No 9th Grade entry date _____ Previous school _____

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:

- First Language Spoken _____ Age Learned English _____ Date of Birth _____
- Home Language Spoken _____ Birth Place _____ SSN# _____ Grade Level _____
- Primary Language Spoken _____ Date of entry into US Schools _____ Gender Female Male

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

Ever Attended: - GA Schools Yes No -Gainesville City Schools Yes No 9th Grade entry date _____ Previous school _____

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 4: _____
Last First Middle

Language of the students:

- First Language Spoken _____ Age Learned English _____ Date of Birth _____
- Home Language Spoken _____ Birth Place _____ SSN# _____ Grade Level _____
- Primary Language Spoken _____ Date of entry into US Schools _____ Gender Female Male

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

Ever Attended: - GA Schools Yes No -Gainesville City Schools Yes No 9th Grade entry date _____ Previous school _____

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 _____

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)