

Check documents attached

- ___ GA Immunization
- ___ Eyes, Ears, Dental, Nutrition
- ___ Birth Certificate/Verification
- ___ SSN or Waiver
- ___ Residence Verification ___ Residency Affidavit
- ___ Pre-K ___ State-funded ___ Private ___ Non-Profit



GAINESVILLE CITY SCHOOLS

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

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

<p>Student Name 1</p> <p>_____ Last First Middle</p> <p>Ethnicity Hispanic – <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race – check all that apply</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p>Date of Birth</p> <p>_____</p> <p>Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p>Grade Level</p> <p>_____</p> <p>SSN*</p> <p>_____</p>	<p>School History</p> <p>Last School attended _____</p> <p>9th Grade entry date _____</p> <p>Ever Attended:</p> <p>-GA Schools <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>-Gainesville City Schools <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Language</p> <p>First Language Spoken _____</p> <p>Home Language Spoken _____</p> <p>Primary Language Spoken _____</p> <p>Age Learned English _____</p> <p>Birth Place _____</p> <p>Date of entry into US schools _____</p>	<p>Programs</p> <p>Gifted _____</p> <p>SPED _____</p> <p>504 _____</p> <p>EIP _____</p> <p>ESOL _____</p> <p>Speech _____</p>	<p>Medication taken at school</p> <p>Yes _____ No _____</p> <p>Name of medication _____</p> <p>Special Medical Condition _____</p> <p>Licensed Healthcare Provider _____</p> <p>Phone Number _____</p>	<p>Transportation</p> <p><input type="checkbox"/> Morning Car Rider</p> <p><input type="checkbox"/> Afternoon Car Rider</p> <p><input type="checkbox"/> Morning Bus Rider</p> <p><input type="checkbox"/> Afternoon Bus Rider</p> <p><input type="checkbox"/> After School Program</p> <p><input type="checkbox"/> Day Care</p>
<p>Student Name 2</p> <p>_____ Last First Middle</p> <p>Ethnicity Hispanic – <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race – check all that apply</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p>Date of Birth</p> <p>_____</p> <p>Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p>Grade Level</p> <p>_____</p> <p>SSN*</p> <p>_____</p>	<p>School History</p> <p>Last School attended _____</p> <p>9th Grade entry date _____</p> <p>Ever Attended:</p> <p>-GA Schools <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>-Gainesville City Schools <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Language</p> <p>First Language Spoken _____</p> <p>Home Language Spoken _____</p> <p>Primary Language Spoken _____</p> <p>Age Learned English _____</p> <p>Birth Place _____</p> <p>Date of entry into US schools _____</p>	<p>Programs</p> <p>Gifted _____</p> <p>SPED _____</p> <p>504 _____</p> <p>EIP _____</p> <p>ESOL _____</p> <p>Speech _____</p>	<p>Medication taken at school</p> <p>Yes _____ No _____</p> <p>Name of medication _____</p> <p>Special Medical Condition _____</p> <p>Licensed Healthcare Provider _____</p> <p>Phone Number _____</p>	<p>Transportation</p> <p><input type="checkbox"/> Morning Car Rider</p> <p><input type="checkbox"/> Afternoon Car Rider</p> <p><input type="checkbox"/> Morning Bus Rider</p> <p><input type="checkbox"/> Afternoon Bus Rider</p> <p><input type="checkbox"/> After School Program</p> <p><input type="checkbox"/> Day Care</p>
<p>Student Name 3</p> <p>_____ Last First Middle</p> <p>Ethnicity Hispanic – <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race – check all that apply</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p>Date of Birth</p> <p>_____</p> <p>Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p>Grade Level</p> <p>_____</p> <p>SSN*</p> <p>_____</p>	<p>School History</p> <p>Last School attended _____</p> <p>9th Grade entry date _____</p> <p>Ever Attended:</p> <p>-GA Schools <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>-Gainesville City Schools <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Language</p> <p>First Language Spoken _____</p> <p>Home Language Spoken _____</p> <p>Primary Language Spoken _____</p> <p>Age Learned English _____</p> <p>Birth Place _____</p> <p>Date of entry into US schools _____</p>	<p>Programs</p> <p>Gifted _____</p> <p>SPED _____</p> <p>504 _____</p> <p>EIP _____</p> <p>ESOL _____</p> <p>Speech _____</p>	<p>Medication taken at school</p> <p>Yes _____ No _____</p> <p>Name of medication _____</p> <p>Special Medical Condition _____</p> <p>Licensed Healthcare Provider _____</p> <p>Phone Number _____</p>	<p>Transportation</p> <p><input type="checkbox"/> Morning Car Rider</p> <p><input type="checkbox"/> Afternoon Car Rider</p> <p><input type="checkbox"/> Morning Bus Rider</p> <p><input type="checkbox"/> Afternoon Bus Rider</p> <p><input type="checkbox"/> After School Program</p> <p><input type="checkbox"/> Day Care</p>
<p>Student Name 4</p> <p>_____ Last First Middle</p> <p>Ethnicity Hispanic – <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race – check all that apply</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> White</p>	<p>Date of Birth</p> <p>_____</p> <p>Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p>Grade Level</p> <p>_____</p> <p>SSN*</p> <p>_____</p>	<p>School History</p> <p>Last School attended _____</p> <p>9th Grade entry date _____</p> <p>Ever Attended:</p> <p>-GA Schools <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>-Gainesville City Schools <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Language</p> <p>First Language Spoken _____</p> <p>Home Language Spoken _____</p> <p>Primary Language Spoken _____</p> <p>Age Learned English _____</p> <p>Birth Place _____</p> <p>Date of entry into US schools _____</p>	<p>Programs</p> <p>Gifted _____</p> <p>SPED _____</p> <p>504 _____</p> <p>EIP _____</p> <p>ESOL _____</p> <p>Speech _____</p>	<p>Medication taken at school</p> <p>Yes _____ No _____</p> <p>Name of medication _____</p> <p>Special Medical Condition _____</p> <p>Licensed Healthcare Provider _____</p> <p>Phone Number _____</p>	<p>Transportation</p> <p><input type="checkbox"/> Morning Car Rider</p> <p><input type="checkbox"/> Afternoon Car Rider</p> <p><input type="checkbox"/> Morning Bus Rider</p> <p><input type="checkbox"/> Afternoon Bus Rider</p> <p><input type="checkbox"/> After School Program</p> <p><input type="checkbox"/> Day Care</p>

* 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.C.G.A. § 20-2-150)

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: _____
Last First Middle **Relationship to student: _____

**If not the parent/legal guardian, Form JBC-7 must be completed.
(State Board of Education Rule 160-5-1-.28)

Parent Status: Married Separated Divorced Single What is the primary language of the enrolling adult? _____

Dwelling Address

Mailing Address

Street Apt #
City Zip

Street Apt #
City Zip

Family Phone #: _____

Cell Phone #: _____

Occupation/Employer: _____

E-mail: _____

Work Phone #: _____ ext. _____

Do you: own rent or ***share a residence with another family If you share a residence with another family, list family/owner's name: _____
***Form JBC-8 may be required for proof of residency (State Board of Education Rule 160-5-1-.28)

McKINNEY-VENTO STUDENT/FAMILY ENROLLMENT SURVEY

Where are you and your family currently staying?

- Rent/Own your own home (**STOP** – you do not need to complete this section)
- Sharing the housing of others due to loss of housing, economic hardship, or similar reason
- Staying in a shelter (family, domestic violence, youth, transitional, etc.)
- Living in a car, park, campground, abandoned building, substandard housing, or other inadequate accommodations
- Temporarily living in a motel/hotel, trailer park, or campground due to economic hardship and/or lack of alternative accommodations
- Waiting for Foster Care placement
- Unaccompanied Youth (Living alone without a parent/legal guardian)
- Unknown nighttime residence

PARENT OCCUPATION SURVEY

Has your family moved in order to work in another city, county, 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: _____

Address (if different from Parent/Guardian #1): _____
Last First Middle City State Zip

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