

Gwinnett County Public Schools
K-12 ENROLLMENT FORM

LOCAL SCHOOL USE ONLY	SCHOOL TO MAINTAIN A COPY IN THE PERMANENT RECORD FILE	
	School	FTE ID #
	Student ID #	GTID #

STUDENT INFORMATION

Please print all information on this form

Student Name _____
(Last Name) (First Name) (Middle Name) (Suffix)

Grade _____ **Gender** Male Female **Preferred Name at School** _____

Birth Date ____/____/____ **Student's Birth State** _____ **Student's Birth Country** _____
(MM) (DD) (YYYY)

If the student was born outside of the USA, what date did the student first enter a U.S. school?

(Example: 01/05/2017) ____/____/____

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 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.

Is the student Hispanic or Latino? (Check only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

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

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

Home Address _____ **Apt. #** _____

City _____ **Zip Code** _____

Mailing Address (if different than home address) _____

City _____ **Zip Code** _____

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LANGUAGE BACKGROUND

1. Which language does your child **best** understand and speak? _____
2. Which language does your child **most frequently** speak at home? _____
3. Which language do adults in your home **most frequently** use when speaking with your child? _____

Please note that students whose home language is other than English are screened to determine their level of proficiency in English, in accordance with federal requirements.

CORRESPONDENCE LANGUAGE

If possible, would you prefer to receive information in a language **other** than English? No Yes

If yes, what language would you prefer? _____

ENROLLING PARENT/GUARDIAN INFORMATION

Enrolling Parent/Legal Guardian		Additional Parent/Legal Guardian	
Last Name		Last Name	
First Name		First Name	
Middle Initial		Middle Initial	
Relationship to Student		Relationship to Student	
Address		Address	
City	Zip Code	City	Zip Code
Home Phone Number		Home Phone Number	
Cell Phone Number		Cell Phone Number	
Work Phone Number		Work Phone Number	
E-mail Address		E-mail Address	
Active Duty U.S. Armed Forces	<input type="checkbox"/> No <input type="checkbox"/> Yes	Active Duty U.S. Armed Forces	<input type="checkbox"/> No <input type="checkbox"/> Yes
U.S. Armed Forces Veteran	<input type="checkbox"/> No <input type="checkbox"/> Yes	U.S. Armed Forces Veteran	<input type="checkbox"/> No <input type="checkbox"/> Yes

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<p>Please check all boxes that apply for the above Parent/Guardian and Student relationship:</p> <p>Contact Allowed <input type="checkbox"/></p> <p>Educational Rights <input type="checkbox"/></p> <p>Enrolling Parent <input type="checkbox"/></p> <p>Release To <input type="checkbox"/></p>	<p>Please check all boxes that apply for the above Parent/Guardian and Student relationship:</p> <p>Contact Allowed <input type="checkbox"/></p> <p>Educational Rights <input type="checkbox"/></p> <p>Release To <input type="checkbox"/></p>
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LIST OTHER GWINNETT COUNTY PUBLIC SCHOOL STUDENTS IN YOUR HOUSEHOLD

NAME	RELATIONSHIP	SCHOOL ATTENDING

MEDICATION NOTE: The parent/legal guardian is responsible for transporting all medication to and from the school in the original, childproof container and the parent/legal guardian must provide a completed Administration of Medication Request form to the school prior to the administration of any medication. *Please indicate if you will allow the school to administer the following to this student:*

Acetaminophen (Tylenol): No Yes Ibuprofen (Advil): No Yes

<p>Student Social Security Number (Official Code of Georgia Annotated – OCGA 20-2-150)</p> <p>(SSN) _____ - _____ - _____</p> <p>Date Entered 9th Grade (if applicable)</p> <p>_____/_____/_____</p> <p>(MM) (DD) (YYYY)</p>

EARLY LEARNING HISTORY/EXPERIENCE

(To Be Completed by Parents/Guardians of Elementary Only: Check the Boxes that Apply)

Birth to 3 years old

Home Other Provider Name of Provider _____ City, State _____

Preschool (Program for 3 year olds)

Home Other Provider Name of Provider _____ City, State _____

Pre-K (Program for 4 year olds)

Home Other Provider Name of Provider _____ City, State _____

STUDENT ENROLLMENT HISTORY

Has this student previously attended another school within Gwinnett County Public Schools? No Yes

Has this student previously attended another school outside Gwinnett County Public Schools? No Yes

If yes, list all previously attended schools and list dates (Example: 01/05/2010):

Name of School/City/State	Dates of Attendance:

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_____ From: ___/___/___ To: ___/___/___

_____ From: ___/___/___ To: ___/___/___

Has this student missed two or more years of school since entering 1st grade? No Yes

If yes, which grades? _____ (The years do not need to be consecutive)

HAS THIS STUDENT RECEIVED ANY OF THESE SERVICES?

English to Speakers of Other Languages No Yes

Gifted No Yes

Speech No Yes

Special Education No Yes

IMPAIRED/HANDICAPPED ACCESS

Does the student or any immediate family member need assistance due to mobility impairment or require handicapped access? No Yes

If yes, please specify need: _____

SUSPENSION OR EXPULSION STATUS

Is this student currently serving a term of suspension or expulsion from another school? No Yes

If yes, at what school and school district? _____

Reason for suspension or expulsion: _____

Date suspension or expulsion ended: ___/___/___

Has this student been convicted of a felony criminal offense, or as a juvenile, been adjudicated of a designated felony as defined by Georgia law (O.C.G.A. Section 15-11-63)? No Yes

Date student found guilty of the above offense ___/___/___ Sentence Imposed _____

The jurisdiction in which the conviction/adjudication occurred _____

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TRANSPORTATION

Will the student ride a Gwinnett school bus? No Yes

Address of afternoon bus drop-off if different than morning pick- up address:

BRANCH OUT

Students who opt in to the BRANCH OUT program, a partnership between Gwinnett County Public Schools and Gwinnett County Library, will have full access to the print and digital resources of the county library system.

I authorize GCPS to transfer pertinent information to the Gwinnett County Public Library for the purpose of issuing a full service library card to my child, once transferred; this data becomes the property of the GCPL No Yes

SIGNATURE

I hereby certify that as the enrolling parent/guardian all the information provided is complete and true to the best of my knowledge.

*No student shall be denied enrollment in any public school of this state for declining to provide a Social Security number to the local unit of administration (LUA) or for declining to apply for such number.
O.C.G.A. Section 20-2-150(d)*

Parent/Legal Guardian Signature _____ **Date** _____