 Form JBC-5

**Student Enrollment Form**

**(Please PRINT all information)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Today’s Date: |  |  | First Day of School: |  |  | School Year: 20 |  | -20 |  |

**STUDENT ENROLLMENT INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School: |  | Grade: |  | Student ID#: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s Legal Name: |  | Name Called: |  |

Last First Middle

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Male  Female |  | Birth Date: |  | / | / |  | \*Social Security #: |  |

Student Resides with:  Both Parents  One Parent  Parent & Step Parent  Guardian  Foster Parent  Other\*\*

**ENROLLING ADULT PRIMARY FAMILY INFORMATION (Family #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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dwelling Address**   |  | | --- | |  | | Street Apt/Lot# | |  | |  | | City Zip | |  | **Mailing Address**   |  | | --- | |  | | Street Apt/Lot# | |  | |  | | City Zip | |

Family Status:  Married  Separated  Divorced  Single

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Family Phone #: |  | Cell Phone #: |  | Work Phone #: |  | ext. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation/Employer: |  | E-mail: |  |

Do you:  own  rent or  \*\*\*share a residence with another family

|  |  |
| --- | --- |
| If you share a residence with another family, list family/owner’s name: |  |

|  |  |
| --- | --- |
| What is the primary language of the enrolling adult? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Other Adult living at the same address: |  | \*\*Relationship to Student: |  |

Last First Middle

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Cell Phone #: |  | Work Phone #: |  | ext. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation/Employer: |  | E-mail: |  |

**NOTE: If this adult is authorized by the Enrolling Adult to be called in case of an emergency and/or pick of the student from school, he/she must also be listed as an emergency contact below.**

**SECONDARY FAMILY INFORMATION (Family #2)** (Parent/guardian not residing with the Family #1 household above)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Parent/Guardian #2: |  | Relationship to Student: |  |

Last First Middle

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Address: |  |  |  |  |  |  |  |

Street City State Zip

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Home Phone #: |  | Cell Phone #: |  | Work Phone #: |  | ext. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Occupation/Employer: |  | E-mail: |  |

**NOTE: If this adult is authorized by the Enrolling Adult to be called in case of an emergency and/or pick of the student from school, he/she must also be listed as an emergency contact below.**

\* 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 state objecting to the requirement (Form JBC-4) (O.C.G.A. § 20-2-150)

\*\* If not the parent/legal guardian, Form JBC-14 must be completed. (O.C.G.A. § 20-2-16)

\*\*\* Form JBC-2 may be required for proof of residency (State Board of Education Rule 160-5-1-.28)

**ADDITIONAL STUDENT INFORMATION**

Ethnicity: Is the student Hispanic/Latino?  Yes  No

Race: Is the student (check ALL that apply – at least one must be checked)?

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Ninth Grade Entry Date: |  |  | Entry Date in US Public School: |  | / | / |

|  |  |  |  |
| --- | --- | --- | --- |
| Birth Country: |  | BirthState: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Last School Attended: |  | Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Last School Attended Phone Number: |  | Location: |  |

County State Country

Has the student EVER attended a Cobb County school before?  Yes  No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| If yes, list the Cobb County school and grade/year enrolled: |  | Grade: |  | Year(s): |  |

Has the student EVER attended a Georgia public school?  Yes  No

Name and age of siblings under 18:

|  |  |  |
| --- | --- | --- |
|  |  |  |

Last First Middle Date of Birth Last First Middle Date of Birth

|  |  |  |
| --- | --- | --- |
|  |  |  |

Last First Middle Date of Birth Last First Middle Date of Birth

Does the student currently receive any of these services?

Gifted/Talented  Advanced Classes  Early Intervention (EIP)  ESOL

Special Education/IEP  504 Plan  Response to Intervention (RtI)  Speech

**HOME LANGUAGE SURVEY** (Required prior to enrollment-State Board of Education Rule 160-4-5-.02) Used for screening and determination of eligibility for Language Assistance Program – ESOL.

|  |  |
| --- | --- |
| Which language does your child most frequently speak at home? (Dominant Language): |  |

|  |  |
| --- | --- |
| Which language do adults in your home most frequently use when speaking with your child? (Home Language): |  |

|  |  |
| --- | --- |
| Which language(s) does your child currently understand or speak? (Primary Language): |  |

**ACTIVE MILITARY SURVEY**

Does either parent/guardian/step-parent with who the student resides meet any of the following:

**\**

|  |  |
| --- | --- |
| Is an active member of the uniformed services: | Yes  No |

|  |  |
| --- | --- |
| Is currently a member of the military reserves in the U.S. Armed Forces, National Guard or Reserve: | Yes  No |

|  |  |
| --- | --- |
| Is a member or veteran of the uniformed services who is severely injured and medically discharge or retired for  a period of one year after medical discharge or retirement: | Yes  No |

|  |  |
| --- | --- |
| Is a member of the uniformed services who died on active duty or as a result of injuries sustained on active  duty for a period of one year after death: | Yes  No |

|  |  |  |
| --- | --- | --- |
| **MIGRANT OCCUPATIONAL 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

|  |  |
| --- | --- |
| Does the student need to take medication at school:  Yes  No Medication: |  |

|  |  |
| --- | --- |
| Special medical problems: |  |

|  |  |
| --- | --- |
| Allergies: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Licensed Health Care Provider: |  | Phone: |  |

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

|  |  |
| --- | --- |
|  | Hospital for treatment. |

**TRANSPORTATION**

Morning Car Rider  Morning Day Care  Morning Bus Rider

Afternoon Car Rider  Afternoon Day Care  Afternoon Bus Rider  CCSD After School Program

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Day Care: |  | Phone #: |  |

**CONTACT INFORMATION**

Adults allowed to check students out of school (Emergency Contacts)

Please include the names of any adults that may be allowed to pick up your child from school (including any adult already listed in the Primary or Secondary Families above). The adults listed below may also be contacted in case of an emergency.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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