La forma esta disponible en Espanol – Por favor preguntale al Principal de su Escuela.

Muscogee County School District – Student Enrollment Form

School Name: _____ School Year: 20____ - 20____ Grade: _____

STUDENT INFORMATION

_____ _____ _____ _____

Last Name First Name Middle Name Preferred Name

Gender: _____ Male _____ Female Birth Date: _____/_____/_____ Social Security Number: _____

ENROLLING ADULT INFORMATION (Parent/Guardian 1) (The enrolling adult must sign at the bottom of this form in order to complete enrollment).
NOTE: The student must reside primarily with the enrolling adult.

Name of Enrolling Adult: _____ [1] Relationship to Student: _____
Last First Middle

Parent Status: ____ Married ____ Separated ____ Divorced ____ Single

What is the primary language of the enrolling adult?: _____

Residential Address: _____ City _____ State _____ Zip _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Occupation/Employer: _____ Email: _____

Do you: ____ Own your home ____ Rent your home or ____ [2]Share a residence with another family

Is a parent/guardian on active duty military? ____ Yes ____ No Is a parent/guardian a civilian employed at Ft. Benning? ____ Yes ____ No

ADDITIONAL STUDENT INFORMATION

Ethnicity: Hispanic/Latino ____ Yes ____ No *In the next line, check all options that apply.*

Race: ____ White ____ Black/African-American ____ Asian ____ American Indian/Alaska Native ____ Native Hawaiian/Other Pacific Islander

If Not Born in the USA: Country of Birth _____ Date First Enrolled in School in the USA (DD/MM/YYYY) _____

School Last Attended: _____ City _____ State _____

Has student ever attended a Columbus school? ____ Yes ____ No If yes, give year and name of school. _____

[3]Has student ever attended public school in another district? ____ Yes ____ No If yes, give year and name of school. _____

Has student ever been served by a Special Ed. program? ____ Yes ____ No Gifted Education? ____ Yes ____ No

Does the student have a current IEP? ____ Yes ____ No Is the student on a 504 Plan? ____ Yes ____ No

English for Speakers of Other Languages (ESOL)? ____ Yes ____ No Speech Therapy at School? ____ Yes ____ No

Has the child moved within the past 36 months across state or school district lines to enable the child, the child's guardian, or member of the child's family to obtain temporary or seasonal employment in an agricultural or fishing activity? _____ Yes _____ No

HOME LANGUAGE SURVEY (Required prior to enrollment – State Board of Education Rule 160-4-5-.02)

What language(s) did the student first learn to speak? _____

What languages(s) does the student speak at home? _____ What language(s) does the student speak most often? _____

TRANSPORTATION

Morning: ____ Car Rider ____ Student Driver ____ Before School Program ____ Walker ____ Bus Rider (Bus # _____)

Afternoon: ____ Car Rider ____ Student Driver ____ After School Program ____ Walker ____ Bus Rider (Bus # _____)

Name of Day Care: _____ Phone #: _____

[1] If not the parent/legal guardian, Non-Parental Affidavit of Residency must be completed. (State Board of Education Rule 160-5-1-.28)
[2] Affidavit of Residency may be required for proof of residency (State Board of Education Rule 160-5-1-.28)
[3] Release of Records form may be required.

Student Name: _____ Grade: _____

SIBLING INFORMATION (Brothers and sisters 18 years of age or under)

Name _____ Birthdate (MM/DD/YYYY) _____ School Attending or Reason If Not in School _____

Name _____ Birthdate (MM/DD/YYYY) _____ School Attending or Reason If Not in School _____

Name _____ Birthdate (MM/DD/YYYY) _____ School Attending or Reason If Not In School _____

STUDENT HEALTH RECORD ** THE ATTACHED CLINIC CARD MUST BE COMPLETED *****

Does the student need to take medication at school?: _____ Yes _____ No Medication: _____

Food/Drug or other Allergies?: _____ Yes _____ No Allergies: _____

What medical information does the school need to know about the student?: _____

_____

Student's Physician Name: _____ Phone: _____

In the event of an emergency, the school will have the student transported to the closest doctor or medical facility for treatment. Parents/guardians will assume full responsibility for all charges incurred. Please indicate your preferred hospital (note: the school cannot guarantee transport to this facility):

Martin Army Hospital Doctors Hospital Midtown Medical Center St. Francis Other (Specify.) _____

STUDENT RELEASE INFORMATION

ADDITIONAL PARENT/GUARDIAN (#2) _____ Relationship to Student: _____
Last First Middle

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

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Occupation/Employer: _____ Email: _____

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**

STUDENT MAY BE CHECKED OUT BY THE FOLLOWING ADDITIONAL PEOPLE WITH PROPER STATE/MILITARY ISSUED I.D. ***Please indicate individuals other than enrolling adult***

Name: _____ Cell Phone: _____ Work Phone: _____ Relationship _____

Name: _____ Cell Phone: _____ Work Phone: _____ Relationship _____

EMERGENCY CONTACT ***Please indicate an individual other than parents/guardians***

Name _____ Cell or Home Phone: _____ Work Phone: _____ Relationship _____

_____ _____
Signature of Parent/Legal Guardian (Enrolling Adult) Date Submitted

ONLY THE ENROLLING ADULT IS AUTHORIZED TO WITHDRAW OR TRANSFER THE STUDENT, AS WELL AS PICK-UP/CHECK-OUT THE STUDENT FROM SCHOOL, UNLESS OTHERWISE DESIGNATED ABOVE.

Office Use Only

SCHOOL YEAR _____

___ SS# ___ Birth Certificate
___ Immunization ___ Proof of Residency
___ EED ___ Clinic Card