 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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Birth Certificate Gender:  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: |  |

|  |  |
| --- | --- |
| Parent’s preferred language for school communication? |  |

**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 up the student from school, he/she must also be listed as a Student 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)

|  |  |
| --- | --- |
| Student Name: |  |

**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 best understand and speak? |  |

|  |  |
| --- | --- |
| Which language does your child most frequently speak at home? |  |

|  |  |
| --- | --- |
| Which language do adults in the home most frequently use when speaking with your child? |  |

NOTE: If any answer above is a language other than English, please check the appropriate statement(s) below:

My child understands and use only the home language and no English.

My child understands and uses mostly the home language and a little English.

My child understands and uses the home language and English equally.

My child understands and uses mostly English and only a little of the home language.

My child understands and uses only English.

**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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Student Name: |  |

**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 #: |  |

**STUDENT CONTACT INFORMATION**

The following adults are designated as Student Contacts for the student.

* **Release To** – This person has permission from the enrolling adult to pick up the student from school or ASP.
* **Contact Allowed** – This person may be contacted by the school in case of an emergency. He/she may also receive general notifications from the school not related to the individual student’s educational record.
* **Education Rights** – This person may have access to the student’s educational records under FERPA, including online access to grades, discipline, and attendance.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Name: | |  | | |  | Relationship to Student: | |  | | | |
| Email Address: | |  |  | Primary Phone: | | |  | |  | Cell Phone: |  |
| Contact Type: | Release To  Contact Allowed  Education Rights | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Name: | |  | | |  | Relationship to Student: | |  | | | |
| Email Address: | |  |  | Primary Phone: | | |  | |  | Cell Phone: |  |
| Contact Type: | Release To  Contact Allowed  Education Rights | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Name: | |  | | |  | Relationship to Student: | |  | | | |
| Email Address: | |  |  | Primary Phone: | | |  | |  | Cell Phone: |  |
| Contact Type: | Release To  Contact Allowed  Education Rights | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Name: | |  | | |  | Relationship to Student: | |  | | | |
| Email Address: | |  |  | Primary Phone: | | |  | |  | Cell Phone: |  |
| Contact Type: | Release To  Contact Allowed  Education Rights | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Name: | |  | | |  | Relationship to Student: | |  | | | |
| Email Address: | |  |  | Primary Phone: | | |  | |  | Cell Phone: |  |
| Contact Type: | Release To  Contact Allowed  Education Rights | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
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Enrolling Adult Signature Enrolling Adult Printed Name Date