

(FOR OFFICE USE)

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POR

FAYETTE COUNTY SCHOOLS

Entered _____

GENERAL INFORMATION

Student's Social Security Number: _____ - _____ - _____

Student's Full Name: _____ (Last) _____ (First) _____ (Middle) _____ (Suffix)

Grade: _____	Sex:	Birth Date: ____ - ____ - ____ (Use Numbers Only)	Ethnic Code: (check one)	<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial
	<input type="checkbox"/> Male			<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander
	<input type="checkbox"/> Female			<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan

Home Telephone: () _____ - _____ Area Code	Cell Phone: () _____ - _____ Area Code	Homeroom Teacher: _____	(FOR OFFICE USE)
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ENROLLMENT

Has your child attended a Fayette County School prior to now? Yes No

When _____ Grade _____ School Name _____
(Year)

List name and address of last school attended (including public, private or home school).

School _____
Address _____
(Street) (City) (State) (Zip)

STUDENT INFORMATION

Student's Preferred Name: _____

Street Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

EMERGENCY MEDICAL INFORMATION

Emergency Contact: Please do not put your name and number. This should be a neighbor or local person who is willing to pick up your child in case of an emergency if parent cannot be reached.

Emergency Contact Name	Relationship	Daytime Phone
1. _____	_____	_____
2. _____	_____	_____

Student's Doctor: _____ Telephone: () _____ - _____
Area Code

FAMILY INFORMATION

Father/Guardian: _____ , _____ (Last) (First)	Mother/Guardian: _____ , _____ (Last) (First)
Employer: _____	Employer: _____
Telephone: () _____ - _____ Area Code	Telephone: () _____ - _____ Area Code

(Over Please)

PLEASE COMPLETE THE FOLLOWING

Are parents/guardians residents of Fayette County? Yes No
Does student live with both parents? Yes No
If not, who does student live with? Mother Father Other
If other, please give name and relationship: _____

Student being enrolled by: Mother Father Other
If other, please give name and relationship: _____

Any physical reasons why student cannot participate in the physical education program? Yes No
If yes, please explain _____

Any special problems (medical or otherwise) of which the school should be aware, particularly any allergies?

Does your child go to a nursery or babysitter? Yes No
If yes: _____ Telephone: (____) _____ - _____
(Name of Nursery or Babysitter) Area Code

Has your child received any special services at a previous school? Yes No
Please check all that apply:
 Enrichment/Gifted Special Education
 EIP/Remedial Math Speech Language Services
 EIP/Remedial Reading Other _____

ESOL (ENGLISH TO SPEAKERS OF OTHER LANGUAGES) INFORMATION

What language did the student first learn to speak? _____
What languages are spoken in the student's home? (1) _____ (2) _____
What language does the student speak most often? _____

Date of student's entry into the United States _____
(Month) (Year)

Date of student's entry into schools anywhere in the United States _____
(Month) (Year)

Has student received ESOL instruction before? Yes No If yes, please complete name of school and address:

Name of school and system: _____
Address: _____
(Street) (City and State) (Zip Code)

PRE-SCHOOL INFORMATION

Has your child attended pre-kindergarten? Yes No If yes, please indicate the type of pre-kindergarten program in which your kindergarten or first grade student was enrolled in for the majority of the year:
Check one: Georgia Pre-K Program (Funded by the Office of School Readiness) Other Public School
 Publicly-Sponsored Program (Including Title I) Private-not for profit
 Head Start Private-for profit (Daycare)

SPEECH INFORMATION

Has your child been tested for speech problems or attended private speech therapy? Yes No
If yes, please give us the date your child was tested, name of the therapist, and length of time in therapy.

Date of testing _____ Length of time _____ Name of Therapist _____

Today's Date _____

Parent/Guardian Signature _____