

Check documents attached

- \_\_\_ Residence Verification
- \_\_\_ Residency Affidavit
- \_\_\_ Parent/Guardian ID
- \_\_\_ Pre K \_\_\_ State funded \_\_\_ Private \_\_\_ Non -Profit Social



- \_\_\_ Birth Certificate/Verification
- \_\_\_ GA Immunization
- \_\_\_ Eyes, Ears, Dental
- \_\_\_ Security# or Waiver
- \_\_\_ Registrar Initials

# GAINESVILLE CITY SCHOOLS

**ONE GAINESVILLE: We will inspire, nurture, challenge, and prepare our students**

Today's Date: \_\_\_\_\_ Start Date: \_\_\_\_\_ School Year: \_\_\_\_\_ School Choice/Assignment: \_\_\_\_\_

**Student Name 1:** \_\_\_\_\_  
Last First Middle

Language of the students:

- First Language Spoken \_\_\_\_\_ Age Learned English \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Home Language Spoken \_\_\_\_\_ Birth Place \_\_\_\_\_ SSN# \_\_\_\_\_ Grade Level \_\_\_\_\_
- Primary Language Spoken \_\_\_\_\_ Date of entry into US Schools \_\_\_\_\_ Gender  Female  Male

• Ethnicity:  Not Hispanic/Latino  Yes Hispanic/Latino Race:  White  Asian  American Indian or Alaska Native  Black or African American  Native Hawaiian or Pacific Islander

Ever Attended: - GA Schools  Yes  No -Gainesville City Schools  Yes  No 9<sup>th</sup> Grade entry date \_\_\_\_\_ Previous school \_\_\_\_\_

Has the student received any of these services: \_\_\_ Gifted \_\_\_ Special Ed \_\_\_ Speech \_\_\_ RTI \_\_\_ 504 \_\_\_ EIP

Medication taken at school Yes \_\_\_ No \_\_\_ Name of medication \_\_\_\_\_ Licensed Healthcare Provider \_\_\_\_\_

Transportation  am car rider  pm car rider  am bus rider  pm bus rider  After School Program \_\_\_\_\_  Day care \_\_\_\_\_

**Student Name 2:** \_\_\_\_\_  
Last First Middle

Language of the students:

- First Language Spoken \_\_\_\_\_ Age Learned English \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Home Language Spoken \_\_\_\_\_ Birth Place \_\_\_\_\_ SSN# \_\_\_\_\_ Grade Level \_\_\_\_\_
- Primary Language Spoken \_\_\_\_\_ Date of entry into US Schools \_\_\_\_\_ Gender  Female  Male

• Ethnicity:  Not Hispanic/Latino  Yes Hispanic/Latino Race:  White  Asian  American Indian or Alaska Native  Black or African American  Native Hawaiian or Pacific Islander

Ever Attended: - GA Schools  Yes  No -Gainesville City Schools  Yes  No 9<sup>th</sup> Grade entry date \_\_\_\_\_ Previous school \_\_\_\_\_

Has the student received any of these services: \_\_\_ Gifted \_\_\_ Special Ed \_\_\_ Speech \_\_\_ RTI \_\_\_ 504 \_\_\_ EIP

Medication taken at school Yes \_\_\_ No \_\_\_ Name of medication \_\_\_\_\_ Licensed Healthcare Provider \_\_\_\_\_

Transportation  am car rider  pm car rider  am bus rider  pm bus rider  After School Program \_\_\_\_\_  Day care \_\_\_\_\_

**Student Name 3:** \_\_\_\_\_  
Last First Middle

Language of the students:

- First Language Spoken \_\_\_\_\_ Age Learned English \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Home Language Spoken \_\_\_\_\_ Birth Place \_\_\_\_\_ SSN# \_\_\_\_\_ Grade Level \_\_\_\_\_
- Primary Language Spoken \_\_\_\_\_ Date of entry into US Schools \_\_\_\_\_ Gender  Female  Male

• Ethnicity:  Not Hispanic/Latino  Yes Hispanic/Latino Race:  White  Asian  American Indian or Alaska Native  Black or African American  Native Hawaiian or Pacific Islander

Ever Attended: - GA Schools  Yes  No -Gainesville City Schools  Yes  No 9<sup>th</sup> Grade entry date \_\_\_\_\_ Previous school \_\_\_\_\_

Has the student received any of these services: \_\_\_ Gifted \_\_\_ Special Ed \_\_\_ Speech \_\_\_ RTI \_\_\_ 504 \_\_\_ EIP

Medication taken at school Yes \_\_\_ No \_\_\_ Name of medication \_\_\_\_\_ Licensed Healthcare Provider \_\_\_\_\_

Transportation  am car rider  pm car rider  am bus rider  pm bus rider  After School Program \_\_\_\_\_  Day care \_\_\_\_\_

**Student Name 4:** \_\_\_\_\_  
Last First Middle

Language of the students:

- First Language Spoken \_\_\_\_\_ Age Learned English \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Home Language Spoken \_\_\_\_\_ Birth Place \_\_\_\_\_ SSN# \_\_\_\_\_ Grade Level \_\_\_\_\_
- Primary Language Spoken \_\_\_\_\_ Date of entry into US Schools \_\_\_\_\_ Gender  Female  Male

• Ethnicity:  Not Hispanic/Latino  Yes Hispanic/Latino Race:  White  Asian  American Indian or Alaska Native  Black or African American  Native Hawaiian or Pacific Islander

Ever Attended: - GA Schools  Yes  No -Gainesville City Schools  Yes  No 9<sup>th</sup> Grade entry date \_\_\_\_\_ Previous school \_\_\_\_\_

Has the student received any of these services: \_\_\_ Gifted \_\_\_ Special Ed \_\_\_ Speech \_\_\_ RTI \_\_\_ 504 \_\_\_ EIP

Medication taken at school Yes \_\_\_ No \_\_\_ Name of medication \_\_\_\_\_ Licensed Healthcare Provider \_\_\_\_\_

Transportation  am car rider  pm car rider  am bus rider  pm bus rider  After School Program \_\_\_\_\_  Day care \_\_\_\_\_

**ENROLLING ADULT INFORMATION** (parent/Guardian 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 \*\*If not the parent/legal guardian, Form JBC-7 must be completed.  
 (State Board of Education Rule 160-5-28)

Student lives with:  Both Parents  Father  Mother  Grandparents(s)  Guardians(s)  Foster Parent(s)  Alone  Other relative(s)  
 Parent Status:  Married  Separated  Divorced  Single What is the primary language of the enrolling adult? \_\_\_\_\_

**Dwelling Address**

**Mailing Address**

Street \_\_\_\_\_ Apt# \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Street \_\_\_\_\_ Apt# \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Work phone# \_\_\_\_\_ ext. \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ E-mail: \_\_\_\_\_

**McKINNEY-VENTO STUDENT/FAMILY ENROLLMENT SURVEY - Where are you and your family currently staying?**

Do you:  Own  Rent (STOP – you do not need to complete this section)

**If your family:**

- Staying in a shelter (family, domestic violence, youth, transitional, etc.)
- Temporality living in a motel/hotel due to lack of alternative accommodations
- Living in a car, park, campground, abandoned building, substandard housing, or other inadequate accommodations
- Unaccompanied Youth (Living Alone without a parent/legal guardian)

\*\*\* Share a residence with another family. Is this due to loss of housing, economic hardship, or similar reason?  Yes  No

\*\*\*Form JBC-8 may be required for residency (State Board of Education Rule 160-5-1-28) List family /owner's name \_\_\_\_\_  
 Unknown nighttime residence

**PARENT OCCUPATION 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) \_\_\_\_\_

**ACTIVE MILITARY SURVEY**

Is either parent/guardian/step-parent with whom the student resides on full-time military duty status?  Yes  No

**MEDICAL INFORMATION**

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

**EMERGENCY CONTACT INFORMATION**

Additional Parent/Guardian Name (#2): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Last First Middle

Address (if different from Parent/Guardian #1): \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ ext. \_\_\_\_\_  
 Occupation/Employer: \_\_\_\_\_ E-mail: \_\_\_\_\_

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  
 The following person(s) may also pick up my student from school and may be called in case of emergency if the enrolling adult cannot be reached.

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

.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 statement objecting to the requirement ( Form JBC-6) ( O.O.C.G.A.&20-2-150)