



THINC College & Career Academy Enrollment Form

For School Use Only

- | | |
|-----------------------------------------------|---------------------------------------------|
| School _____ | Student ID _____ |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Withdrawal Form |
| <input type="checkbox"/> Immunization (3231) | <input type="checkbox"/> Transcript |
| <input type="checkbox"/> EED (3300) | <input type="checkbox"/> Parent ID |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Application Fee | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> Tuition | <input type="checkbox"/> Proof of Residency |

Student Information

Print all information clearly

Student's Name: _____ Student's Social Security #: _____ - _____ - _____

Street Address: _____ Apt. # _____ Grade: _____

City: _____ Zip Code: _____ Subdivision: _____

Mailing Address: _____

Gender: M F Birthdate: ____/____/____ Home Phone#: _____

ETHNICITY/RACE (Please answer BOTH questions 1 and 2)

- No, Not Hispanic/Latino
 Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central other Spanish culture or origin, regardless of race.)

The above question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your student's race to be.

2. What is the student's race? (Choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment).
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, Vietnam).
- Black or African American (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Place of Birth

City: _____
 County: _____
 State: _____
 Country: _____
 If **NOT BORN** in USA
 Is student a US citizen? Yes No
 Date entered the USA: _____
 Date entered US Schools: _____

Programs/Services

Is the student receiving any of the following support services or participating in any of the following programs?

Check all that apply.

- Special Education (IEP)
 Speech
 Section 504
 Student Support Team (SST)
 English for Speakers of other Languages
 Remedial Education
 Gifted Education
 Band
 Chorus
 Athletics

Troup County Schools

Berta Weathersbee Elementary Callaway Elementary
Ethel Kight Elementary Franklin Forest Elementary Hillcrest Elementary
Hogansville Elementary Hollis Hand Elementary
Long Cane Elementary Rosemont Elementary
West Point Elementary Whitesville Road Elementary

Callaway Middle Gardner Newman Middle Long Cane Middle
Callaway High LaGrange High Troup County High

COMPLETE THE BACK OF THIS FORM

FAMILY INFORMATION

<p style="text-align: center;">Father Stepfather Guardian</p> Last Name: _____ First Name: _____ Address(if different) _____ Employer: _____ Work #: (____) _____ Cell #: (____) _____ Email: _____ Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p style="text-align: center;">Mother Stepmother Guardian</p> Last Name: _____ First Name: _____ Address(if different) _____ Employer: _____ Work #: (____) _____ Cell #: (____) _____ Email: _____ Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does student live with both parents: Yes If not, who does the student live with? Mother Father Other
If other, please give name and relationship: _____
Student being enrolled by: Mother Father Other
School Age Siblings: _____

EMERGENCY MEDICAL INFORMATION

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

1. Last Name: _____ First Name: _____ Relationship: _____
Address: _____ Daytime Phone: _____

2. Last Name: _____ First Name: _____ Relationship: _____
Address: _____ Daytime Phone: _____

ENROLLMENT

Circle the type of school the student last attended: Alternative Home School Private Public YDC

School Name: _____ City: _____ State: _____

Is student currently expelled or under suspension from previous school? No Yes If yes, please indicate length of expulsion/suspension and reason: _____

Has student been found guilty of committing one or more felonies? No Yes If yes, please explain: _____

PARENT/GUARDIAN STATEMENT

The admission of any nonresident student is conditioned upon and subject to the student's compliance while enrolled within the Troup County School System rules of student conduct. Failure to adhere to the rules of student conduct may result in immediate withdrawal from Troup County Schools by the Superintendent. I understand that my child may be withdrawn from school if false information is provided.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

DATE: _____