

**Gwinnett County Public Schools  
K-12 ENROLLMENT FORM**

LOCAL SCHOOL USE ONLY	SCHOOL TO MAINTAIN A COPY IN THE PERMANENT RECORD FILE	
	School	
	Student ID #	GTID #

**STUDENT INFORMATION**

*Please print all information on this form*

**Student Name** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Suffix)

**Grade** \_\_\_\_\_ **Gender**  Male  Female **Preferred Name at School** \_\_\_\_\_

**Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Student's Birth State** \_\_\_\_\_ **Student's Birth Country** \_\_\_\_\_  
(MM) (DD) (YYYY)

**If the student was born outside of the USA, what date did the student first enter a U.S. school?**

(Example: 01/05/2017) \_\_\_\_/\_\_\_\_/\_\_\_\_

Please answer **both parts** of this two-part question.

*This information is required by federal regulations. As per federal requirements, if you choose not to complete all this section, the school is mandated to identify and assign a race and/or ethnicity to the student through an observer identification process.*

**Is the student Hispanic or Latino? (Check only one)**

- No, not Hispanic/Latino
- Yes, Hispanic/Latino

**Please select the student's race(s) from the list below. (Check one or more that apply)**

- American Indian or Alaskan Native
- Hawaiian or Pacific Islander
- Asian
- White
- Black or African American

**Home Address** \_\_\_\_\_ **Apt. #** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Mailing Address (if different than home address)** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

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**LANGUAGE BACKGROUND**



Your responses to the following questions are used to determine if your child should be screened and could benefit from additional English language support. If you have any questions, please contact the school.

1. Which language does your child **best** understand and speak? \_\_\_\_\_
2. Which language does your child **most frequently** speak at home? \_\_\_\_\_
3. Which language do adults in your home **most frequently** use when speaking with your child? \_\_\_\_\_
4. In which language do you prefer to receive information about this student?

Correspondence Language: \_\_\_\_\_

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### ENROLLING PARENT/GUARDIAN INFORMATION

Enrolling Parent/Legal Guardian	Additional Parent/Legal Guardian
Last Name	Last Name
First Name	First Name
Middle Initial	Middle Initial
Relationship to Student	Relationship to Student
Address	Address
City <span style="float: right;">Zip Code</span>	City <span style="float: right;">Zip Code</span>
Home Phone Number	Home Phone Number
Cell Phone Number	Cell Phone Number
Work Phone Number	Work Phone Number
E-mail Address	E-mail Address
Active Duty U.S. Armed Forces      No <input type="checkbox"/> Yes <input type="checkbox"/>	Active Duty U.S. Armed Forces      No <input type="checkbox"/> Yes <input type="checkbox"/>
Reserves/National Guard              No <input type="checkbox"/> Yes <input type="checkbox"/>	Reserves/National Guard              No <input type="checkbox"/> Yes <input type="checkbox"/>
U.S. Armed Forces Veteran            No <input type="checkbox"/> Yes <input type="checkbox"/>	U.S. Armed Forces Veteran            No <input type="checkbox"/> Yes <input type="checkbox"/>

<p><b>Please check all boxes that apply for the above Parent/Guardian and Student relationship:</b></p> <p>Contact Allowed <input type="checkbox"/></p> <p>Educational Rights <input type="checkbox"/></p> <p>Enrolling Parent <input type="checkbox"/></p> <p>Release To <input type="checkbox"/></p>	<p><b>Please check all boxes that apply for the above Parent/Guardian and Student relationship:</b></p> <p>Contact Allowed <input type="checkbox"/></p> <p>Educational Rights <input type="checkbox"/></p> <p>Enrolling Parent <input type="checkbox"/></p> <p>Release To <input type="checkbox"/></p>
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### LIST OTHER GWINNETT COUNTY PUBLIC SCHOOL STUDENTS IN YOUR HOUSEHOLD

NAME	RELATIONSHIP	SCHOOL ATTENDING

**MEDICATION NOTE:** The parent/legal guardian is responsible for transporting all medication to and from the school in the original, childproof container and the parent/legal guardian must provide a completed Administration of Medication Request form to the school prior to the administration of any medication. *Please indicate if you will allow the school to administer the following to this student:*

Acetaminophen (Tylenol):     No     Yes    Ibuprofen (Advil):     No     Yes

**Student Social Security Number** (Official Code of Georgia Annotated – OCGA 20-2-150)

(SSN) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I decline to provide my student's social security number.

**Date Entered 9<sup>th</sup> Grade** (if applicable)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MM)            (DD)            (YYYY)

### EARLY LEARNING HISTORY/EXPERIENCE

(To Be Completed by Parents/Guardians of Elementary Only: Check the Boxes that Apply)

**Birth to 3 years old**

Home    City, State \_\_\_\_\_, County \_\_\_\_\_

Name of Provider \_\_\_\_\_ City, State \_\_\_\_\_, County \_\_\_\_\_

**Preschool (Program for 3 years old)**

Home    City, State \_\_\_\_\_, County \_\_\_\_\_

Name of Provider \_\_\_\_\_ City, State \_\_\_\_\_, County \_\_\_\_\_

**Pre-K (Program for 4 years old)**

Home    City, State \_\_\_\_\_, County \_\_\_\_\_

Name of Provider \_\_\_\_\_ City, State \_\_\_\_\_, County \_\_\_\_\_

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### STUDENT ENROLLMENT HISTORY

Has this student previously attended another school within Gwinnett County Public Schools?  No  Yes

Has this student previously attended another school outside Gwinnett County Public Schools?  No  Yes  
**If yes, list all previously attended schools and list dates (Example: 01/05/2010):**

**Name of School/City/State**

**Dates of Attendance:**

	From: __/__/__ To: __/__/__
	From: __/__/__ To: __/__/__
	From: __/__/__ To: __/__/__
	From: __/__/__ To: __/__/__

**Has this student missed two or more years of school since entering 1<sup>st</sup> grade?**  No  Yes

If yes, which grades? \_\_\_\_\_ (The years do not need to be consecutive)

### HAS THIS STUDENT RECEIVED ANY OF THESE SERVICES?

English to Speakers of Other Languages  No  Yes

Gifted  No  Yes

Speech  No  Yes

Special Education  No  Yes

### IMPAIRED/HANDICAPPED ACCESS

**Does the student or any immediate family member need assistance due to mobility impairment or require handicapped access?**  No  Yes

If yes, please specify need: \_\_\_\_\_

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**SUSPENSION OR EXPULSION STATUS**

**Is this student currently serving a term of suspension or expulsion from another school?**     No     Yes

If yes, at what school and school district? \_\_\_\_\_

Reason for suspension or expulsion: \_\_\_\_\_

Date suspension or expulsion ended: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Has this student been convicted or adjudicated as a delinquent of a criminal offense as defined by Georgia law (O.C.G.A. Section 15-11-63) of a Class A or Class B designated felony as listed below?**     No     Yes

**Any delinquent act committed by a child 13 years of age or older which, if committed by an adult, would be one or more of the following felony offenses:**

- (1) Aggravated assault (O.C.G.A. § 16-5-21);
- (2) Battery of a teacher or other school personnel (O.C.G.A. § 16-5-23.1);
- (3) Aggravated battery (O.C.G.A. § 16-5-24);
- (4) Robbery (O.C.G.A. § 16-8-40);
- (5) Armed robbery (O.C.G.A. § 16-8-41);
- (6) Smash and grab burglary (O.C.G.A. § 16-7-2);
- (7) Arson in the first degree (O.C.G.A. § 16-7-60);
- (8) Arson in the second degree (O.C.G.A. § 16-7-61);
- (9) Attempted murder (O.C.G.A. § 16-5-1 & O.C.G.A. § 16-4-1)
- (10) Escape (O.C.G.A. § 16-10-52(a)(3));
- (11) Hijacking a motor vehicle in the first degree (O.C.G.A. § 16-5-44.1(b)(1));
- (12) Home invasion in the first degree (O.C.G.A. § 16-7-5(b));
- (13) Home invasion in the second degree (O.C.G.A. § 16-7-5(c));
- (14) Kidnapping (O.C.G.A. § 16-5-40);
- (15) Attempted kidnapping (O.C.G.A. § 16-5-40 & O.C.G.A. § 16-4-1)
- (16) Participating in criminal gang activity (O.C.G.A. § 16-15-4);
- (17) Racketeering (O.C.G.A. § 16-14-4);
- (18) Trafficking of certain controlled substances (O.C.G.A. §§ 16-13-31 or 16-31-31.1);
- (19) Possess, manufacture, transport, distribute, possess with the intent to distribute, or offer to distribute a destructive device (O.C.G.A. § 16-7-82);
- (20) Distribution of destructive device, explosive, poison gas, or detonator to persons under the age of 21 (O.C.G.A. § 16-7-84);
- (21) Theft, if the child has previously been adjudicated delinquent for a theft offense arising out of a different transaction or occurrence (O.C.G.A. § 16-8-2, O.C.G.A. § 16-8-3, O.C.G.A. § 16-8-4, O.C.G.A. § 16-8-5, O.C.G.A. § 16-8-5.2, O.C.G.A. § 16-8-6, O.C.G.A. § 16-8-7, O.C.G.A. § 16-8-8, O.C.G.A. § 16-8-9);
- (22) Manufacture, possess, transport, distribute, or use a hoax device or replica of a destructive device or detonator or obstruction of law enforcement in the detection, disarming, or destruction of a destructive

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device, if the child has previously been adjudicated delinquent for a prior offense of either of these crimes arising out of a different transaction or occurrence (O.C.G.A. § 16-7-85 & O.C.G.A. § 16-7-87);

- (23) Possession of a handgun, if the child has previously been adjudicated delinquent for possession of a handgun arising out of a different transaction or occurrence (O.C.G.A. § 16-11-132);
- (24) Possession of a firearm, dangerous weapon or machine gun in a school safety zone (O.C.G.A. § 16-11-127.1);
- (25) Possession of a weapon in a school safety zone during the commission of an assault (O.C.G.A. § 16-11-127.1);
- (26) Possession of a weapon in a school safety zone, if the child has previously been adjudicated delinquent for possession of a weapon in a school safety zone arising out of a different transaction or occurrence (O.C.G.A. § 16-11-127.1);
- (27) Any felony, if the child has previously been adjudicated delinquent for three felonies arising out of different transactions or occurrences.

Date student found guilty of the above offense \_\_\_\_/\_\_\_\_/\_\_\_\_ Sentence Imposed \_\_\_\_\_

The jurisdiction in which the conviction/adjudication occurred \_\_\_\_\_

**TRANSPORTATION**

Will the student ride a Gwinnett school bus?       No       Yes

Address of afternoon bus drop-off if different than morning pick-up address:

\_\_\_\_\_

**BRANCH OUT**

Students who opt in to the BRANCH OUT program, a partnership between Gwinnett County Public Schools and Gwinnett County Library, will have full access to the print and digital resources of the county library system.

*I authorize GCPS to transfer pertinent information to the Gwinnett County Public Library for the purpose of issuing a full service library card to my child, once transferred; this data becomes the property of the GCPL*       No       Yes

**SIGNATURE**

**I hereby certify that as the enrolling parent/guardian all the information provided is complete and true to the best of my knowledge.**

*No student shall be denied enrollment in any public school of this state for declining to provide a Social Security number to the local unit of administration (LUA) or for declining to apply for such number.*

*O.C.G.A. Section 20-2-150(d)*

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_