Gwinnett County Public Schools

Play 2 Learn Enrollment Form

STUDENT INFORMATION

Please print all information on this form

Student Name _____
(Last Name) (First Name) (Middle Name) (Suffix)

Age_____**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: 01/05/2022)_____/_____/

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 of 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 SURVEY

1. Which language is understood by the student? _____
2. Which language is spoken by the student at home? _____
3. Which language is spoken by adults to the student? _____

CORRESPONDENCE LANGUAGE

If possible, would you prefer to receive information in a language **other** than English? ☐ No ☐ Yes

If yes, what language would you prefer? _____

ENROLLING PARENT/GUARDIAN INFORMATION

Enrolling Parent/Legal Guardian	Additional Parent/Legal Guardian/Emergency Contact
Last Name	**Last Name**
First Name	**First Name**
Middle Initial	**Middle Initial**
Gender	**Gender**
Relationship to Student	**Relationship to Student**
Address	**Address**
City **Zip Code**	**City** **Zip Code**
Home Phone Number	**Home Phone Number**
Cell Phone Number	**Cell Phone Number**
E-mail Address	**E-mail Address**
Employer Name and Phone Number	**Employer Name and Phone Number**
Active-Duty U.S. Armed Forces ☐ **No** ☐ **Yes**	**Active-Duty U.S. Armed Forces** ☐ **No** ☐ **Yes**
Reserves/National Guard ☐ **No** ☐ **Yes**	**Reserves/National Guard** ☐ **No** ☐ **Yes**
U.S. Armed Forces Veteran ☐ **No** ☐ **Yes**	**U.S. Armed Forces Veteran** ☐ **No** ☐ **Yes**

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Please check all boxes that apply for the above Parent/Guardian and Student relationship:		**Please check all boxes that apply for the above Parent/Guardian and Student relationship:**	
Contact Allowed	☐	Contact Allowed	☐
Educational Rights	☐	Educational Rights	☐
Enrolling Parent	☐	Enrolling Parent	☐
Release To	☐	Release To	☐

LIST OTHER GWINNETT COUNTY PUBLIC SCHOOL STUDENTS IN YOUR HOUSEHOLD

NAME	RELATIONSHIP	SCHOOL ATTENDING

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

(SSN)_____-_____-_____ OR ☐ I choose not to provide

Name of parent/guardian/caregiver that will be attending Play 2 Learn with your child(ren):

_____ _____

Name/Relationship to child Phone Number

SPECIAL SERVICES

Has this student ever participated in special services or programs?

Speech ☐ **No** ☐ **Yes**

Special Education ☐ **No** ☐ **Yes**

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: _____

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:_____/_____/_____

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PARENT OCCUPATIONAL SURVEY

Has anyone in your household moved in order to work in another city, county, or state in the last 3 years? ☐ No ☐ Yes

HEALTH

Does your child have any allergies and/or medical issues that the school needs to be aware of: ☐ No ☐ Yes

If yes, please explain or list them here:

_____

_____

SPECIAL INFORMATION

Are there any special circumstances the school needs to know about your child?

If yes, please explain or list them here: _____

What do you want the teacher to know about your child? _____

_____

BRANCH OUT

Students who opt into 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** _____