



Troup County Schools Student Enrollment Form

New **Re-entry** **Zone Transfer**

For School Use Only

School _____ Student ID _____
 _____ Birth Certificate _____ Withdrawal Form
 _____ Immunization (3231) _____ Transcript
 _____ EED (3300) _____ Affidavit
 _____ Social Security Card _____ Parent's Picture ID
 _____ Proof of Residency

verified by: _____

School Zone: _____ Proximity: _____

Student Information

Print all information clearly

Student's Full Legal Name: _____

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

Street Address: _____ Apt. # _____ Grade: _____

City: _____ Zip Code: _____ Subdivision: _____

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

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

1. Is this student Hispanic/Latino? (Choose only one)

- 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: _____

School Zones

Callaway

Callaway Elementary Callaway Middle
 Hogansville Elementary Callaway High
 Mountville Elementary

LaGrange

Ethel Kight Magnet Gardner Newman Middle
 Franklin Forest Elementary LaGrange High
 Hillcrest Elementary
 Hollis Hand Elementary
 Unity Elementary

Troup

Berta Weathersbee Elementary Long Cane Middle
 Long Cane Elementary Troup High
 Rosemont Elementary
 West Point Elementary
 Whitesville Road Elementary

Programs/Services

Does the student require bus transportation? Yes No

Is the student receiving any of the following support services or participating in any the following programs? Check all that apply.

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

9th Grade Experience (if applicable)

What year did your child enter the 9th grade for the first time? _____

FAMILY INFORMATION

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian Last Name: _____ First Name: _____ Address(if different) _____ Employer: _____ Work #: (____) _____ Cell #: (____) _____ Email: _____	<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian Last Name: _____ First Name: _____ Address(if different) _____ Employer: _____ Work #: (____) _____ Cell #: (____) _____ Email: _____
Does student live with both parents: <input type="checkbox"/> Yes <input type="checkbox"/> No, if not who does student live with? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	
If other, please give name and relationship: _____	
Student being enrolled by: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> 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 to pick up your child in case 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

Check type of school 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

I understand that my child will be enrolled on a provisional basis until all of the information requested pursuant to the enrollment procedures of the school system has been received. This includes a copy of the official academic and discipline records from any previous school where my child was enrolled. I understand that my child may be found ineligible for enrollment based on information subsequently received, including information about current suspensions or expulsions not revealed at the time of enrollment. I understand the student's schedule may be changed if transcripts from a previous school fail to verify credit for courses or grade placement. I further understand that my child may be withdrawn from this school if false information is provided or if incomplete records are not received within 30 days. Finally, I understand that the affidavit executed in connection with this form attest that all of the information I am providing is true and accurate to the best of my knowledge and ability and subject to the penalties set forth and described in that affidavit.

DATE: _____ PARENT/GUARDIAN: _____ PARENT/GUARDIAN SIGNATURE: _____