



# Troup County Schools Non-Resident Student 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"/> Affidavit/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)

### Place of Birth

- 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)

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 Comprehensive 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
--	--

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: \_\_\_\_\_