

HOUSTON COUNTY BOARD OF EDUCATION

Middle School Student Enrollment Form

Enrollment Date: _____

Has student ever attended a public school in Houston County? Yes / No If yes, name of School/Grade/Year _____

If student is transferring from another Houston County School, does **Either** parent now reside in another Houston County School Zone? Yes / No
If Yes, give name and address of that parent: _____

Student Name: _____ **Preferred Name:** _____
LAST: _____ **FIRST:** _____ **MIDDLE:** _____

Homeless: Yes / No Apartment Complex / Mobile Home Park / Subdivision: _____ City: _____
Address: House Number & Street Name: _____ Zip Code: _____

Home Phone: _____ Cell Phone(s): _____ Grade: _____ Sex: _____ Race: _____ **Social Security Number:** _____

Enrolled from: School _____ **Date of Birth:** _____
School's Address _____ School's Phone # _____
City _____ State _____ School's Fax # _____ **Place of Birth:** _____

Student Lives with: both parents one parent natural/step-parent guardian foster parent **City:** _____
State: _____
Country: _____

Transportation: (please circle one) * Parent Picks Up * Walks * Rides Bus #: _____	Father's / Step-father's / Guardian's NAME: _____	If new to U.S. - Date of entry into United States: _____
	Mother's / Step-mother's / Guardian's NAME: _____	Work Phone: _____ Cell Phone: _____ Email Address: _____
		Employer: _____ Location: _____
		Employer: _____ Location: _____

Emergency contact person: (besides a parent) _____ Relationship to student: _____ Home Phone: _____
Cell Phone: _____

Enrolled in following programs? Gifted ___ Spec Ed ___ Speech ___ Hearing ___ Vision ___ ESOL ___ Migrant ___ 504/SST ___

<u>SPECIAL EDUCATION</u> 1. Has your child ever received Special Education services? Yes / No 2. Is your child currently receiving Special Education services? Yes / No 3. Has your child ever been tested for Special Education services? Yes / No 4. Has your child ever been recommended for Special Education testing? Yes / No 5. Is your child receiving services for Speech? Yes / No	<u>LANGUAGE SURVEY</u> 1. What was the language(s) the student first learned to speak? 2. What language(s) does the student now speak at home? 3. What language(s) does the student speak most often?
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List any health concerns: _____

List any medications: _____

Are any of the above medications administrated at school? Yes / No Which ones? _____

I understand that I must provide these two GEORGIA DHR Forms. Upon enrollment:
1) 3231 - Immunization Record; and
2) 3300 - EED (Ear/Eye/Dental Screening)

Signature of Enrolling Parent/Guardian of Student: _____

SECTIONS BELOW TO BE COMPLETED BY SCHOOL OFFICIALS ONLY

Immunization 3231?	EED 3300?	Withdrawal Form?	Proof of Residence?	Social Security Card?
Records requested on:		First Day of Attendance:		Neighborhood Code:
Homeroom Teacher:		FTE: # 100000-	HCBOE Student ID #:	Bus #:

Exceptionality Checklist of Permission & Referral Forms:
Confidential Records ___ **Request to Evaluate** ___ **Request for Psychological Services** ___

Signature of employee completing this section: _____ **Date:** _____